

SEND TO: Amendment Unit, Vital Records Section, P.O. 2602, Albany, NY 12220-2602

<b>1. Information on Original Certificate</b>										
<b>Infant</b>	1. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____								2. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
	3. Date of Birth: <small>Month Day Year</small>			4a. County (NYS) of Birth:		4b. Town of Birth:		4c. City or Village of Birth:		
<b>Mother</b>	5a. Maiden Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____									
	5b. Social Security Number:			5c. Was mother's consent to the adoption required at the time of adoption or was mother's signature required on an instrument of surrender? <input type="checkbox"/> Yes <input type="checkbox"/> No						If NO, were parental rights terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Father</b>	6a. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____									
	6b. Social Security Number:			6c. Was father's consent to the adoption required at the time of adoption or was father's signature required on an instrument of surrender? <input type="checkbox"/> Yes <input type="checkbox"/> No						If NO, were parental rights terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Information on Amended Birth Record Following Adoption</b>										
<b>Infant</b>	7. Name by Adoption: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____									
	8a. Maiden Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____									
<b>Adoptive Parents</b>	8b. Date of Birth: <small>Month Day Year</small>			8c. State of Birth: (Country if not USA)				8d. Social Security Number:		
	9a. Residence: State		9b. County:		9c. Town:		9d. City or Village:			
	9e. Within the corporate limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		9f. Residence: Street and Number							
	10. Mailing Address for Notice of Birth Registration: (Include Zip Code)									
	<b>Father</b>	11a. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____								
11b. Date of Birth: <small>Month Day Year</small>			11c. State of Birth: (Country if not USA)				11d. Social Security Number:			
<b>3. Attorney</b>										
<b>Attorney</b>	12a. Name: <i>First</i> _____ <i>Middle</i> _____ <i>Last</i> _____									
	12b. Firm:									
	12c. Mailing Address: (Include Zip Code)									

DOH-1928 (12/2003)

**4. Certification**

Pursuant to Section 254 of the Judiciary Law, I hereby certify that the child described was adopted by the parents cited in this report on the

SEAL OF THE COURT

\_\_\_\_\_ day of \_\_\_\_\_,

as set forth in the decree made in the \_\_\_\_\_

Court of \_\_\_\_\_ County, State of New York.

Signed: \_\_\_\_\_ Clerk of Court \_\_\_\_\_ Date