F.C.A. Art. 5-C Parentage Form 5-C-6

(Report following birth of children)

FAMILY COURT OF THE STATE OF NEW YORK (8/2021)

COUNTY OF

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In the Matter of a Parentage Proceeding Concerning

[Child’s name]: Family File No.

Docket No.

A child conceived as a result of Assisted Reproduction

Or Surrogacy REPORT TO COURT FOLLOWING

BIRTH OF CHILD CONCEIVED THROUGH ASSISTED

Petitioner(s) REPRODUCTION OR SURROGACY

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**Notice: Notification of the child’s birth must be sent to the Family Court following the birth of children conceived through assisted reproduction or surrogacy. Please fill out this form and promptly return it to the court following the birth of the child(ren). The Court will notify the Department of Health and the registry operated by the Department of Social Services.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Child #1 | Child #2 (if applicable) | Child #3 (if applicable) |
| First Name |  |  |  |
| Middle Name |  |  |  |
| Last Name |  |  |  |
| Date of Birth |  |  |  |
| Gender |  |  |  |
| Place of Birth  (City or Town) |  |  |  |
| State of Birth |  |  |  |
| County of Birth |  |  |  |

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended Parent or Attorney

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print or type name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[Attorney Signatory]: Address and Telephone Number