Public Health Law § 4138-e; D.R.L.§114 Adoption Form 30

 (11/2020)

FAMILY COURT OF THE STATE OF NEW YORK

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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In the Matter of the Adoption of **PETITION FOR ACCESS TO**

of a Child Whose First Name is **SEALED BIRTH CERTIFICATE**

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

Docket No. \_\_\_\_\_\_\_\_\_\_\_

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To the Family Court, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is respectfully alleged that:

1. The name, address and interest in this proceeding of the petitioner who is the age of 18 or older, is as follows:

 Name:

Address :

 (Street address) (City/ Town/Village)

 (County) (State) (Zip) (Telephone No.)

 Mailing Address:

(If different from street address)

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [Check applicable box, if adopted person is living]

|  |  |
| --- | --- |
| G | a. I am the adopted person, and am 18 years old or older. Submit proof of adoption, if available. |
| G | b. I am the lawful representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  |

(Name of adopted person)

as: (*Check one below*)

G SCPA Article 17-A guardian of the person

G MHL Article 81 guardian of the person

G Conservator

 G Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Submit a copy of the certificate of appointment or other such authority to act]**

1. [Check applicable box, if adopted person is deceased and attach proof of death]

Name of adopted person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| G | a. | I am the deceased adopted person’s direct line descendant (child, grandchild, great grandchild, etc.). State relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[**Submit a family tree affidavit or other proof of relationship to adopted person]** |
| G | b.  | I am the lawful representative of the deceased’s adopted person’s direct line descendant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child, grandchild, great grandchild, etc.)  |
|   |  | (Name of direct line descendant) |

**[Submit a family tree affidavit or other proof of relationship to the adopted person]**

I was appointed as: (*Check one below*)

G SCPA Article 17-A guardian of the person

G MHL Article 81 guardian of the person

G Conservator

G Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Submit a copy of the certificate of appointment or other such authority to act]**

1. Name(s) of adoptive parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If known, name(s) of birth parent(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If known, birth name of adopted person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If known, date of adoption: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth of adopted person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. A request for information has been made pursuant to Public Health Law Section 4138-e for a certified copy of the original birth certificate of the adopted person to the following authority: (*Check all that apply*)

G The State Commissioner of Health (Bureau of Vital Records)

G The Commissioner of Health and Mental Hygiene of the City of New York (Office of Vital Records)

G The local registrar of the City of Albany for birth records prior to 1/1/1914

G The local registrar of the City of Buffalo for birth records prior to 1/1/1914

G The local registrar of the City of Yonkers for birth records prior to 1/1/1914

It has been determined by the above-named Commissioner or Registrar that it is impossible to provide the requested copies. **[Attach a copy of the determination of the Commissioner or Registrar.]**

Wherefore, I respectfully request a court certified copy of the birth certificate on file with the court, or any identifying information that would have appeared on such original birth certificate.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print/Type Petitioner’s Name

**VERIFICATION**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

) ss.:

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

The undersigned, the petitioner named in the foregoing petition, being duly sworn, says I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true.

My address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street address) (City/Town/Village) (State) (Zip)

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

Signature of Petitioner

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

Print/Type Name of Petitioner

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, before me personally came \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument. Such person duly swore to such instrument before me and duly acknowledged that he/she executed same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Affix Notary Stamp or Seal)

Signature of Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney’s Name (Print or Type)

Attorney’s Address:

Telephone: (office):

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

 (cell):

E-mail: