

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----X

In the Matter of the Adoption of
of a Child Whose First Name is

-----X

**PETITION FOR ACCESS TO
SEALED BIRTH CERTIFICATE**

Docket No. _____

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: _____

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

a. I am the adopted person, and am 18 years old or older. Submit proof of adoption, if available.

b. I am the lawful representative of _____.
(Name of adopted person)

as: (Check one below)

SCPA Article 17-A guardian of the person

MHL Article 81 guardian of the person

Conservator

Other (Specify) _____

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

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

Name of adopted person: _____

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]

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*)

SCPA Article 17-A guardian of the person

MHL Article 81 guardian of the person

Conservator

Other (*Specify*)

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

4. 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: _____

5. 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*)

The State Commissioner of Health (Bureau of Vital Records)

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

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

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

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: