

SURROGATE'S COURT OF THE STATE OF NEW YORK
COUNTY OF _____

In the Matter of the Adoption of
A child whose First Name is

(Docket)(File) No.

SUPPLEMENTAL
AFFIDAVIT
(Private-Placement)

STATE OF NEW YORK)
 ss:
COUNTY _____)

_____(and _____)

being duly sworn, depose(s) and say(s):

1. Deponent(s) (is) (are) the same person(s) who on _____
_____ filed in this Court a petition for adoption of the above-named adoptive
child.

2. Deponent(s) (is) (are) over the age of twenty-one years, citizen(s) of the United States, and
(unmarried)(married and living together) (married and living apart).

3. The post-office addresses, place(s) of residence and home telephone number(s) of
petitioner(s) (is) (are) _____

Petitioner (specify name): _____

Petitioner (specify name): _____

4. Petitioner(s) hereby state(s) that there has been no change of circumstances whatsoever since
the filing of said original petition, dated _____, except as follows: _____

Date: _____, _____.

_____/_____
Adoptive Parent: typed or printed name/ signature

_____/_____
Adoptive Parent: typed or printed name / signature

_____/_____
Adoptive child if over 18: typed or printed name/ signature

_____/_____
Attorney if any: typed or printed name/signature

Attorney's Address and Telephone number

Sworn to before this _____
day of _____, ____.

Judge of the _____ Court