

SURROGATE’S COURT OF THE STATE OF NEW YORK
COUNTY OF _____
.....

In the Matter of the Adoption of

(Docket)(File) No.

APPLICATION FOR
CERTIFIED COPY
OF ADOPTION
ORDER (After sealing
of records)

A Minor of the Age of ____ years
.....

The undersigned applicant(s) respectfully show(s) that:

1. The applicants) _____
(and) _____
resides at _____ (and) _____
_____ (respectively) in the County of _____, State of _____

2. On or about the ___ day of _____, _____, an order was made by the Honorable
_____, a judge of the _____ Court of
_____ County, State of New York, approving the adoption of the above-named
child by _____, and thereafter the order was duly filed in the office of the
Clerk of the _____ Court of the County of _____,
and sealed.

3. It is necessary for the applicant(s) to obtain a certified copy of the order approving the
adoption because of the following facts and circumstances [Explain. Note: if the applicant is a
Native-American individual 18 years of age or older who is seeking information and/or records
regarding the birth parents’ tribal affiliation, so indicate]: _____

_____.

WHEREFORE, applicant(s) request(s) that the Court make an order directing the Clerk of
the _____ Court of the County of _____ to prepare, certify

and deliver to the applicant(s) a copy of the original order of adoption granted herein, and for such other and further relief as to the Court may be just and proper.

Applicant

Applicant

Print or type name(s)

Signature of Attorney, if any

Attorney's Name (Print or Type)

Attorney's Address and Telephone Number

VERIFICATION

STATE OF NEW YORK)
)ss.:
COUNTY OF _____)

_____, being duly sworn, say(s) that (he)(she)(they)(is)(are) the applicants) above named; that (he)(she)(they)(have)(has) read the foregoing application and the same is true to (his)(her)(their) knowledge except as to matters therein stated to be alleged on information and belief and as to those matters (he)(she)(they) believe(s) it to be true.

Applicant

Applicant

Subscribed and sworn to before me this _____
day of _____, _____ .

(Deputy) Clerk of the Court
Notary Public