

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.

WAIVER OF NOTICE OF PETITION
FOR ACCESS TO SEALED
ADOPTION RECORDS

.....
1. I am the [check applicable box]: Adoptive Mother Adoptive Father Other
[specify]: _____ of the above-named child. I am 18 years of age or older.

2. I am waiving the service of Notice of Petition for Access to Sealed Adoption Records in this
matter and am consenting to the release of sealed adoption records to [specify]: _____

Dated: _____, ____.

(Signature of Interested Party)

(Print Name)

STATE OF _____)

COUNTY OF _____) SS:

On the _____ day of _____ in the year _____, before me, the
undersigned, _____
personally appeared _____, personally known to me or proved to me on
the basis of satisfactory evidence to be the individual (s) whose name (s) is/are subscribed to the within
instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and
that by his/her/their signatures (s) on the instrument, the individual (s), or the person, upon behalf of which
the individual (s) acted, executed the instrument.

Notary Public
(Deputy) Clerk of Court

Signature of Attorney, if any

Attorney's Name (print or type)

Attorney's Address and Telephone Number