

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

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

**PETITION FOR ACCESS TO
SEALED BIRTH CERTIFICATE
PHL § 4138-e**

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File No. _____

To the Surrogate's Court, County of _____

It is respectfully alleged that:

1. The name, address and interest in this proceeding of the petitioner who is of full age, 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)

My authority being: (*Check one below*)

SCPA Article 17-A guardian of the person

MHL Article 81 guardian of the person

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]

My authority being: (*Check one below*)

SCPA Article 17-A guardian of the person

MHL Article 81 guardian of the person

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

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

It has been determined by the aforementioned 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: _____ Tel. No.: _____

Print Name of Attorney: _____ Email: _____

Firm Name: _____

Address of Attorney: _____