

FAMILY 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

