

City of New York  
Administration for Children's Services

Guidance 2009/09

**SUBJECT: Adoption Information Registry Guidelines**

**APPROVED: John B. Mattingly**

**PAGE: 1 of 3 (4 Attachments)**

**ISSUE DATE: November 12, 2009**

**IMPLEMENTATION RESPONSIBILITY:  
Children's Services Family Permanency Services  
and Foster Care Provider Agencies**

**PURPOSE:** Staff that accepts voluntary surrenders of parental rights or prepares Termination of Parental Rights (TPR) petitions needs to be aware of revisions to the registration requirements for the Adoption Information Registry.<sup>1</sup> This guidance provides a summary of the requirements for provider agencies when they are taking a surrender of guardianship and custody or petitioning for a TPR. It also articulates options for family members who wish to register with the Adoption Information Registry to provide consent to the receipt of their non-identifying,<sup>2</sup> identifying and medical information.

**SCOPE:** This guidance applies to Children's Services Family Permanency Services and foster care provider agency staff and should be used when:

1. A birth parent who either voluntarily surrendered his/her rights or whose parental rights were involuntarily terminated, wishes to register with the Adoption Information Registry to assist his/her biological child in accessing information about or arranging contact with the birth parent, provided there is dual consent;
2. An adult<sup>3</sup> who was born and adopted in New York State wishes to register with the Adoption Information Registry in order to assist his/her biological mother, father or sibling in accessing information about, or arranging contact with the adopted adult sibling provided there is dual consent;
3. The biological sibling of the adult who was adopted wishes to register with the Adoption Information Registry in order to assist his/her adopted sibling in accessing information about or arranging contact with him/her, provided there is dual consent.

This guidance is effective immediately, and should be read in conjunction with the *Continuation of Adoption When One Pre-Adoptive Parent Dies Before Completion* Guidance #2009/10.

<sup>1</sup> 08-OCFS-INF-11 – *Adoption Information Registry – DOH*; 08-OCFS-INF-12 - *2008 Statutory Amendments Concerning Surrenders and the Provision of an Adoption Information Registry Birth Parent Registration Consent Form and the Impact of the Death of a Prospective Adoptive Parent Before the Completion of the Adoption.*

<sup>2</sup> This includes biological parents' age at birth of the individual who was adopted, heritage including nationality, ethnic background and race, education, general physical appearance, religion, occupation, health history, talents and hobbies, the facts and causes relating to the nature of the adoption and the existence of any known biological siblings without uncovering the parents' identity.

<sup>3</sup> This means an individual 18 years of age or older.

**POLICY:** Adoption Information Registry

The Adoption Information Registry is a repository for non-identifying, identifying and medical information maintained by the New York State Department of Health (SDOH). It provides a mechanism for adults who were adopted and their biological parents or siblings to access information about each other through dual consent. Prior to a recent amendment in state law,<sup>4</sup> only a birth parent whose consent to the adoption or whose signature was required on an instrument of surrender of parental rights could register with the Adoption Information Registry. As a result of this amendment, biological parents whose parental rights were involuntarily terminated via a termination of parental rights (TPR) petition are now permitted to register with the Adoption Information Registry when the individual who was adopted reaches 18 years of age.<sup>5</sup>

This amendment also applies to provider agencies that maintain a Mutual Consent Voluntary Adoption Registry.<sup>6</sup> Birth parents whose parental rights were terminated may now register, provide medical and/or identifying information and consent to the release of identifying information to an adult individual who was born and adopted in New York State.

Adoption Information Registry Guidelines and Timeframes

*Biological Parent*

The Adoption Information Registry guidelines allow a birth parent who voluntarily surrendered his or her rights, to use this form to register his or her information at the time of surrender, at the time of consent to the adoption, or any time thereafter.<sup>7</sup> Therefore, when a foster care provider agency takes a surrender of parental rights, it is now a requirement that the provider agency inform the birth parent of the option to complete and submit an *Adoption Information Registry Birth Parent Registration Form - DOH-4455* (Attachment I)<sup>8</sup> simultaneously with the documents of surrender. **To obtain a copy of Form DOH-4455 please contact the Adoption Information Registry at 518-474-9600.**

To register, the biological parent(s) may either:

1. Submit Form DOH-4455 prior to adoption, to the authorized agency handling the adoption. The authorized agency will file Form DOH-4455 with the court. The court then forwards Form DOH-4455 to the Adoption Registry when the adoption is finalized; **or**
2. Complete and mail the Form DOH-4455 anytime after the adoption to:  
*New York State Department of Health  
Adoption Information Registry  
P.O. Box 2602  
Albany, New York 12220-2602*

<sup>4</sup> Chapter 469 of the Laws of 2007.

<sup>5</sup> Effective November 29, 2007.

<sup>6</sup> A Mutual Consent Voluntary Adoption Registry is an information registry maintained by authorized agencies involved in adoptions that allows an individual who was adopted and who is at least 18 years old to access identifying and non-identifying information about the biological parent(s) and/or sibling(s) of the individual who was adopted. Authorized agencies involved in adoptions have the option to maintain such a registry, but are not required to do so. NY Pub. Health Law §4138-d.

<sup>7</sup> 08-OCFS-INF-11 and 08-OCFS-INF-12.

<sup>8</sup> Effective November 3, 2008.

**Note:** Form DOH-4455 is the revised version of the traditional Form DOH-4065 *Adoption Information Registry Birth Parent Registration Form* and is designed for use **only** by a biological parent who voluntarily surrendered his/her parental rights.

If the termination of parental rights was involuntary, the biological parent must be informed that he/she may register with the Adoption Information Registry when the child turns 18, by submitting the traditional Form -DOH 4065 (Attachment II)

Both forms (DOH-4464 and DOH-4065) are used to register pertinent birth parent non-identifying and identifying information. It is the birth parent's responsibility to update the Adoption Information Registry of any changes in contact information. In addition, there are instructions on the forms which inform the birth parent of the Adoption Medical Sub-Registry which is administered by SDOH.

The Adoption Medical Sub-Registry is used to file medical information updates with the Adoption Information Registry. SDOH requires that medical information must be submitted on the medical provider's letterhead, which must include the name, address, telephone number, and signature of the medical provider.

Notification of any change in contact information is especially important for the medical registry as the health of the person who was adopted may be affected by any hereditary illnesses and/or biological predispositions which may be unknown at the time of the surrender and/or consent to adoption, but are later discovered.

**Note:** A birth parent's choice not to add his/her name to the Adoption Information Registry has no effect on the finality of the adoption. However, if one birth parent decides not to register, then the other birth parent is not permitted to register. The Adoption Information Registry Birth Parent Registration Consent form is revocable by either birth parent at any time. The form is deemed revoked by both parents if either birth parent revokes such form.

#### *Adult Individual Who Was Adopted*

The Adoption Information Registry allows a person 18 years of age or older who was adopted to register his/her information and permit contact from his/her birth parents and/or biological sibling(s). He/she must complete and submit the *Adoption Information Registry Adoptee Registration, Form DOH-30* (Attachment III) and forward it to the SDOH as instructed above. Upon registration, the individual who was adopted will be able to obtain a copy of the *Adoption Information Registry Birth Parent Registration Form* with the name and address of the birth parents as reported on the original birth certificate. Additionally, the law<sup>9</sup> requires that the New York City Department of Health and Mental Hygiene (NYC DOHMH) forward pertinent birth and adoption records, in addition to the *Adoption Information Registry Birth Parent Registration Form*, to the Adoption Information Registry for individuals born in New York City.

#### *Biological Sibling*

If a biological sibling, who is at least 18 years old, wishes to permit contact from an adopted sibling he/she must wait until the adopted sibling turns 18 years old. At that time, the biological sibling can complete the *Adoption Information Registry Biological Sibling Registration Form, Form DOH-4181* (Attachment IV) and mail it to SDOH as stated in "Biological Parent" above.

<sup>9</sup> Chapter 435 of the Laws of 2008; see, 08-OCFS-INF-12.

For additional information on the Adoption Information Registry please call Glen Anthony Henry, Procedures Writer, Policy and Procedure Unit at (212) 431-3192 or access the SDOH Adoption Information Registry website at [www.health.state.ny.us/vital\\_records/adoption.htm](http://www.health.state.ny.us/vital_records/adoption.htm).

NEW YORK STATE DEPARTMENT OF HEALTH  
Vital Records Section

**Adoption Information Registry Birth Parent Registration Form**

This form is to be completed by birth parents who consent to the adoption or who execute an instrument of surrender. It is used to register a birth parent's agreement or non-agreement to the release of the birth parent's name and address by the Adoption Registry to the adoptee (the adopted child). This identifying information will be given to the adopted child only when the child reaches at least eighteen years of age and voluntarily registers with the Adoption Registry.

<b>FOR OFFICIAL NYS USE ONLY</b>	
Registry # _____	_____
Date _____	_____

This form may also be used at any time after the adoption to agree to the release of identifying information, to withdraw your agreement or to update your contact information.

Instructions for the birth parents, adoption agencies, attorneys, courts and the NYC Department of Health and Mental Hygiene are on page 2.

**1. Birth Parent Information:**

Check one: Birth Mother  Birth Father  Date of your birth: \_\_\_\_\_  
MMDD/YYYY

Name of birth parent  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Last Name: \_\_\_\_\_ Maiden Last Name: \_\_\_\_\_  
(If Applicable)

**Contact Information:**

Mailing address  
Street: \_\_\_\_\_ City/Town: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**2. Adoptee Information:**

Name given to child at birth  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Town, city or village of birth of adoptee: \_\_\_\_\_, New York State. MM/DD/YYYY

**3. Agency Information:**

Name of Adoption Agency or Attorney if private adoption: \_\_\_\_\_

Name of Court: \_\_\_\_\_

**4. Birth Parent Statement:**

I have read the Notice to Birth Parents on the reverse side of this form and I understand that if I agree to the release of identifying information the adoptee can be given my name and known address and that I will not be notified when the information is released. Further, I swear or affirm under penalty of perjury that all of the information provided on this application is true and accurate to the best of my knowledge and belief.

Yes, I agree that my name and address can be given to the adopted child if he or she registers with the Adoption Information Registry on or after his or her eighteenth birthday.

No, I do not wish my name and address to be given to the adopted child.

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

If you change your mind after submitting this form, please complete a new form, checking either **Yes** or **No**, have the form notarized and send it to the Adoption Registry. The form with the most recent date will be kept on file.

Subscribed and sworn to (affirmed) before me this \_\_\_\_\_

day of \_\_\_\_\_

▶ \_\_\_\_\_  
Signature of Applicant

▶ \_\_\_\_\_  
Signature of Notary Public

This form was developed in accordance with the provisions of Public Health Law section 4138-c(10).

**Notice to Birth Parents**

Do not complete this form for children born or adopted outside of New York State. The completed form will be submitted to the Court by the agency or attorney handling the adoption. The Court will send it to the Adoption Registry.

This form allows you to choose whether or not you would like the Adoption Registry to provide your name and address ("identifying information") to the adopted child. If you agree to the release of this information, the contact information will be provided to the child only if he or she registers with the Adoption Registry. The child will be able to register once he or she has reached at least eighteen years of age.

Checking **Yes** in item 4 on this form is not the same as giving consent to adoption or surrender. Whether you check **Yes** or **No**, your consent to or acknowledgment of the adoption or surrender will still be legal.

If you do not check either **Yes** or **No** we will treat your answer as **No** unless we already have a completed form from you on file. In that case, your previous choice will be retained and only your contact information will be updated.

You will not be notified if or when the Adoption Registry gives your information to the adopted child. It will be up to the adopted child whether or not he or she will request information or contact you.

If both birth parents consented to the adoption or executed a surrender instrument, then each must complete one of these forms. If either parent does not agree to the release of identifying information or later changes his or her mind and revokes agreement to the release of identifying information, the Adoption Registry will not release the name and address of either parent to the adopted child.

If you change your mind in the future you can complete a new form and agree to the release of identifying information or cancel your agreement by checking either **Yes** or **No**, having the form notarized and submitting the new form to the *NYS Department of Health, Adoption Information Registry, P.O. Box 2602, Albany, NY 12220-2602*.

The adopted child will receive the most current name and address that you have on file with the Adoption Registry. To make sure the child gets your current information, it is your responsibility to notify the Adoption Registry, in writing, if you change your name, address or other information. You may use this form to notify the registry of changes in your contact information.

You can file medical information updates with the Adoption Registry. Medical information must be submitted on your medical care provider's letterhead and include: medical care provider's name, address, telephone number and signature.

Further information about the services of the Adoption Registry and forms you can download can be found at [http://www.nyhealth.gov/vital\\_records/adoption.htm](http://www.nyhealth.gov/vital_records/adoption.htm) and <http://www.nycourts.gov/forms/familycourt/adoption.shtml>

**Adoption Agencies & Attorneys**

For a child born in New York State, this form must be completed by the birth parent at the time the birth parent is either executing or acknowledging a consent to adoption pursuant to section 115-b of the Domestic Relations Law or is executing a surrender instrument pursuant to sections 383-c or 384 of the Social Services Law.

Completed forms must be filed with the court of adoption with the consent or instrument of surrender.

**Court of Adoption**

For a child born in New York State, this form must be completed by each birth parent at the time such birth parent is executing or acknowledging a consent to adoption or is executing a surrender instrument for the relinquishment of the child named in this form.

Send the Report of Adoption (DOH-1928) or, for New York City, Notification of Order of Adoption (VR-47) and a copy of this form to:

**Adoptee born in New York City:**

NYC Department of Health & Mental Hygiene  
Office of Vital Records  
125 Worth St., Rm. 133, CN4  
New York, NY 10013

**Adoptee born elsewhere in New York State:**

NYS Department of Health  
Vital Records Birth Amendment Unit  
P.O. Box 2602  
Albany, NY 12220-2602

**NYC Department of Health & Mental Hygiene**

Send copies of this form, the Notification of Order of Adoption, the original birth certificate and the amended birth certificate to:

NYS Department of Health, Adoption Information Registry, P.O. Box 2602, Albany, NY 12220-2602

**New York State  
Department of Health**

**Adoption Information Registry  
Birth Parent Registration Form**

COMPLETE THIS APPLICATION  
AND RETURN TO:

New York State Department of Health  
Adoption Information Registry  
P.O. Box 2602  
Albany, NY 12220-2602  
(518) 474-9600

REGISTRY NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_

OFFICIAL USE ONLY

Please indicate if this registration is to: (check all that apply)

- Register for identifying information (Adoptee must be 18 years of age or older)  
 Submit medical information diagnosed after the adoption (No age restriction)

Medical information must be submitted on medical care provider's letterhead and include: medical care provider's name, address, telephone number, and signature.

**1. Name and address of birth mother**

LAST FIRST MIDDLE MAIDEN

CURRENT MAILING ADDRESS STREET CITY/TOWN

STATE ZIP CODE ( ) CURRENT TELEPHONE NUMBER

BIRTH MOTHER'S DATE OF BIRTH

MONTH	DAY	YEAR

**2. Were you married at the time of the child's birth?**  YES  NO

IF YES, NAME OF HUSBAND \_\_\_\_\_

**3. List any other name you may have been using at the time of the child's birth, (i.e., former married name, assumed name, alias, etc.)**

\_\_\_\_\_

**4. Name and address of birth father**

LAST FIRST MIDDLE

MONTH	DAY	YEAR

BIRTH FATHER'S DATE OF BIRTH

CURRENT MAILING ADDRESS STREET CITY/TOWN

STATE ZIP CODE ( ) CURRENT TELEPHONE NUMBER

5. Name given to child at birth

\_\_\_\_\_  
LAST FIRST MIDDLE

6. Date of birth of child 

MONTH	DAY	YEAR

Time of birth \_\_\_\_\_ :  AM  PM

7. Sex of child  Female  Male

8. Place of birth of child

\_\_\_\_\_  
HOSPITAL (if not hospital, give street address) NAME OF PHYSICIAN

\_\_\_\_\_  
CITY, TOWN OR VILLAGE COUNTY/BOROUGH

9. Name of agency where child was placed for adoption  Check, if private placement

\_\_\_\_\_  
NAME OF AGENCY NAME OF CASE WORKER

\_\_\_\_\_  
CITY, TOWN OR VILLAGE COUNTY/BOROUGH

10. Indicate name of Court, if known

A. NAME OF COURT \_\_\_\_\_

MONTH	DAY	YEAR

  
B. DATE OF ADOPTION

11. Signature and notarization

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) **SS**

I solemnly attest that all of the information provided on this application is true and accurate to the best of my knowledge under the penalty of perjury.

SWORN TO BEFORE ME THIS  
\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
SIGNATURE OF BIRTH PARENT  
Signature must be notarized

**NOTE: Notorization must include Notary's stamp or raised seal.**



**New York State  
Department of Health**

**Adoption Information Registry  
Adoptee Registration Form**

COMPLETE THIS APPLICATION  
AND RETURN TO:

New York State Department of Health  
Adoption Information Registry  
P.O. Box 2602  
Albany, New York 12220-2002  
(518) 474-9000

REGISTRY NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_

OFFICIAL USE ONLY

NOTE: This registration can be accepted only if the adoptee was born and adopted in New York State. Complete as much information as possible and include a copy of adoptee's birth certificate and adoption order, if available.

Please indicate if this registration is for: (check all that apply)

- Non-identifying information (\*) - Available general and medical information about biological parents at time of adoption.
- Non-identifying Medical Information (\*\*) - Updated medical information, if/when submitted by biological parents after the adoption.
- Identifying information (\*\*\*) - About biological parents, if/when registered.
- Identifying information (\*\*\*\*) - About biological siblings, if/when registered.

(\*) Adoptee must be 18 years of age or older.

(\*\*) No age restriction, but adoptive parent must sign this registration, if adoptee is under 18 years of age.

(\*\*\*\*) Adoptee must be 18 years of age or older. Unless this box is checked, you will not be notified of a match even if your birth parents or biological siblings are registered.

Note: If the Adoption Registry determines that an agency was involved in your adoption, non-identifying and identifying information will be released to you by the agency.

- Check box, if you do not want the information released by the agency that handled your adoption. If the box is checked, the New York State Department of Health will obtain the information from the agency and share it with you.

PLEASE COMPLETE ALL INFORMATION. MISSING INFORMATION MAY DELAY PROCESSING.

**1. Name and address of adoptee**

LAST	FIRST	MIDDLE	MAIDEN
MAILING ADDRESS		STREET	CITY/TOWN
STATE	ZIP CODE	TELEPHONE NUMBER	

**2. Date of birth of adoptee**

MONTH	DAY	YEAR

**3. Adoptive parents**

A. MOTHER: LAST FIRST MIDDLE MAIDEN

B. FATHER: LAST FIRST MIDDLE

C. ADDRESS AT TIME OF ADOPTION, if known: STREET CITY/TOWN

STATE ZIP CODE

**4. Place of birth of adoptee**

HOSPITAL, if known

CITY, TOWN OR VILLAGE COUNTY/BOROUGH

**5. Indicate the name of the agency and court of adoption, if known**

A. NAME OF AGENCY \_\_\_\_\_

CITY, TOWN OR VILLAGE \_\_\_\_\_

COUNTY/BOROUGH \_\_\_\_\_

Check box if you have already received non-identifying information from adoption agency.

Date received:

MONTH	DAY	YEAR

MONTH	DAY	YEAR

B. NAME OF COURT \_\_\_\_\_

C. DATE OF ADOPTION \_\_\_\_\_

**6. Is the adoptee in contact with birth brother(s) and/or sister(s)?**

YES  NO If yes, please provide the following information for each sibling with whom adoptee is in contact.

	NAME	DATE OF BIRTH	ADDRESS (include zip code)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**7. Signature and Notarization.**

State of \_\_\_\_\_ }  
 County of \_\_\_\_\_ } SS.

I solemnly attest that all of the information provided on this application is true and accurate to the best of my knowledge under the penalty of perjury.

\_\_\_\_\_  
 SIGNATURE OF REGISTRANT  
 Signature must be notarized

Sworn to before me this \_\_\_\_\_ Day

Of \_\_\_\_\_

**NOTE: Adoptive Parent must sign if the adoptee is under 18 years of age. Notarization must include Notary's stamp or raised seal.**

\_\_\_\_\_  
 Notary Public

**New York State  
Department of Health**

**Adoption Information Registry  
Biological Sibling Registration Form**

COMPLETE THIS APPLICATION  
AND RETURN TO:

New York State Department of Health  
Adoption Information Registry  
P.O. Box 2602  
Albany, New York 12220-2602  
(518)474-9600

REGISTRY NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_

OFFICIAL USE ONLY

**NOTE:** This registration can be accepted only if the adoptee was born and adopted in New York State. Complete as much information as possible and include a copy of your birth certificate listing your parent's names.

If the Adoption Registry determines that an agency was involved in the adoption, information will be released to you by the agency.  
 Check box, if you do not want the information released by the agency that handled the adoption. If the box is checked, the New York State Department of Health will obtain the information from the agency and share it with you.

**1. Information about you, i.e., the person registering**

LAST FIRST MIDDLE MAIDEN

MAILING ADDRESS STREET CITY/TOWN

STATE ZIP CODE TELEPHONE NUMBER

Date of birth

MONTH DAY YEAR

EMAIL ADDRESS

Place of birth

CITY STATE

Parents

MOTHER: LAST FIRST MIDDLE MAIDEN

FATHER: LAST FIRST MIDDLE

**2. Information about adoptee**

LAST FIRST MIDDLE

Date of birth

MONTH DAY YEAR

Place of birth of adoptee

CITY STATE

Birth parents

MOTHER: LAST FIRST MIDDLE MAIDEN

FATHER: LAST FIRST MIDDLE

**3. Name of the agency and court of adoption, if known**

A. NAME OF AGENCY \_\_\_\_\_

CITY, TOWN OR VILLAGE \_\_\_\_\_

COUNTY/BOROUGH \_\_\_\_\_

MONTH	DAY	YEAR

B. NAME OF COURT \_\_\_\_\_

C. DATE OF ADOPTION \_\_\_\_\_

**4. Information about birth brother (s) and/or sister (s) with whom you are in contact**

NAME	DATE OF BIRTH	ADDRESS (include zip code)
1.		
2.		
3.		

**5. Please specify how you are related to the adoptee, i.e., name of common birth parent, etc.**

\_\_\_\_\_

\_\_\_\_\_

**6. Enter other information about the adoptee, the birth parents, or the adoption to help locate adoptee's records**

\_\_\_\_\_

\_\_\_\_\_

**7. Signature and Notarization**

State of \_\_\_\_\_ )  
 County of \_\_\_\_\_ ) **SS**

I solemnly attest that all of the information provided on this application is true and accurate to the best of my knowledge under the penalty of perjury.

SWORN TO BEFORE ME THIS

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 SIGNATURE OF REGISTRANT  
 Signature must be notarized

**Note: Notarization must include Notary's stamp or raised seal.**