



SURVIVING RELATIVES OF DECEASED BIRTH PARENT REGISTRATION IDENTIFICATION

(Enter all known information.)

I _____, state the following:

Name of deceased birth parent at time of surrender _____

Deceased birth parent's date of birth _____

Deceased birth parent's date of death _____

Adopted or surrendered person's name at birth (if known) first _____

middle _____ last _____ birth date _____

city and state of birth _____ sex _____ race _____

My relationship to the adopted or surrendered person is (check one)

birth parent's non-surrendered child birth parent's parent

birth parent's sister birth parent's brother

If you are a non-surrendered child of the birth parent, provide name(s) at birth and age(s) of any non-surrendered siblings with whom you share this parent. Please give information requested below on reverse side of this form.

Registrant's Name _____
(First, Middle, Last)

Birth date _____ City and state of birth _____

Sex _____ Race _____

Name of common parent(s)

Mother _____
(First, Middle, Last)

Father _____
(First, Middle, Last)

My birth sibling grandchild child of my brother child of my sister was surrendered for adoption to _____ in _____
(Name of agency) (City/state of agency)

Other identifying information that may help to locate files

Please note that you **must**: (i) be at least 21 years of age to register; (ii) submit with your registration a certified copy of the birth parent's birth certificate; (iii) submit a certified copy of the birth parent's death certificate; and (iv) if you are a non-surrendered birth sibling or a sibling of the deceased birth parent, submit a certified copy of your birth certificate with this registration. No application from a surviving relative of a deceased birth parent can be accepted if the birth parent filed a Denial of Information Exchange prior to his or her death.

Date _____ Signature _____

Printed Name _____