

**REQUEST FOR AN ADOPTED
 PERSON'S ORIGINAL BIRTH RECORD**

Beginning August 1, 2018, **qualified applicants** who are authorized by state law to obtain an adoption file containing an original certified copy of a birth certificate established prior to an adoption may request the file.

A **qualified applicant** will receive a copy of the adoptee's adoption file containing the original certified copy of the birth certificate, which will be clearly marked "NOT INTENDED FOR OFFICIAL USE OR SIMILAR". The original certified copy of the birth certificate cannot be used for legal proof of identity, citizenship or as a substitute for an Official Birth Certificate. Under Act 519 of 2017, a birth parent is permitted to redact (remove) his or her name from their biological child's original birth certificate. Therefore, a copy of the adopted person's original birth certificate may have birth parent name(s) redacted from it. Birth parents also have the option of designating if and how they want to be contacted, such as: no contact, direct contact or contact through an intermediary.

The applicant may also receive family history information if this information was supplied by the birth parents.

To make a request, complete this application and return it by mail to the address **above**. The fee to process an application for an adoption file is \$100. This fee is non-refundable. Please make your check or money order payable to the "Arkansas Department of Health". Do not send cash.

We need the following information in order to locate and match your request with our records. If complete and accurate information is not provided, then we may be unable to accept and process your request. While the Department will diligently search its files for an adoption record that matches your request, it does not warrant, promise or guarantee that it will be able to locate an adoption record that matches the information you provide in your request.

INFORMATION OF PERSON (APPLICANT) MAKING REQUEST					
Current Full Legal Name of Applicant (First, Middle, Last) <input type="text"/>		Relationship to Person Named on Birth Record <input type="checkbox"/> Adoptee (self) <input type="checkbox"/> Child of deceased adoptee <input type="checkbox"/> Surviving spouse of deceased adoptee <input type="checkbox"/> Guardian of child of deceased adoptee			
Current Mailing Address (Street/PO Box/Apt#) (Must Match Address on ID) <input type="text"/>					
City <input type="text"/>	State <input type="text"/>			Zip Code <input type="text"/>	Daytime Telephone Number <input type="text"/>
Applicant's Signature <input type="text"/>				Date of Application <input type="text"/>	

INFORMATION OF SUBJECT OF THE ADOPTION RECORD (ADOPTED PERSON) (From the adoptee's current, post-adoption birth certificate (in case information was changed at time of adoption))		
REQUIRED INFORMATION		
Full Name on Current Birth Record (Name of Adoptee) (First, Middle, Last) <input type="text"/>		
Place of Birth (City, Town) <input type="text"/>	Place of Birth (County) <input type="text"/>	Date of Birth <input type="text"/>
Full Name of Adoptive Mother/Parent (First, Middle, Last) <input type="text"/>		Maiden Name of Adoptive Mother <input type="text"/>
Full Name of Adoptive Father/Parent (First, Middle, Last) <input type="text"/>		

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ADDITIONAL INFORMATION, IF KNOWN, TO THE BEST OF THE APPLICANT'S KNOWLEDGE

Full name on Original, Pre-Adoption Birth Record, if Known (First, Middle, Last) <input type="text"/>	Date of Birth on Original, if Known (if different from above) <input type="text"/>
Full Name of Birth Mother/Parent, if Known (First, Middle, Last) <input type="text"/>	Maiden Name of Birth Mother, if Known <input type="text"/>
Full Name of Birth Father, if Known (First, Middle, Last) <input type="text"/>	

Application Check List: Have you enclosed and completed all required information?
 All blanks on application
 Payment (check or money order only)
 Copy of acceptable forms of ID
 Proof of relationship
 Mailing address matches ID

By signing, I certify that I am twenty-one (21) years of age or older and the adoptee to whom the adoption file pertains or the child, surviving spouse or guardian of the child of the deceased adoptee and have provided the identification and proof that links my name to the adoptee. I understand that if I falsely represent that I am twenty-one (21) years of age or older and the adoptee to whom the adoption file pertains or the child, surviving spouse or guardian of the child of the deceased adoptee on this form or provide false identification or proof that links my name to the adoptee, then I may be subject to penalties pursuant to Ark. Code Ann. § 20-18-105.

Signature of the Requester: Date:

State of

County of

On this the day of , 20, before me, , the undersigned notary, personally appeared (name of signer) known to me (or satisfactorily proven) to be the person whose name is subscribed to the with instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public

(Seal of Office)

My Commission expires:

FOR STATE USE ONLY			
<input type="checkbox"/> M/O <input type="checkbox"/> Check	Payment Amount: <input type="text"/> \$	ID Viewed:	Processed By: