



A birth parent of an adopted person may maintain privacy by directing the State Registrar to redact his or her name from the copy of the adoption file that an authorized requester receives. Birth parents are encouraged to make this request before August 1, 2018.

ORIGINAL BIRTH CERTIFICATE INFORMATION

Please provide complete and accurate information. 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.

CHILD'S INFORMATION

Child's FIRST Name on Child's Original Birth Certificate:

Child's MIDDLE Name on Child's Original Birth Certificate:

Child's LAST Name on Child's Original Birth Certificate:

Suffix:

Note: If you are unsure of the exact date of the child's birth, please enter your best estimate.

Child's Date of Birth: Actual Estimate

Country of Birth:

State of Birth:

County of Birth:

City of Birth:

MOTHER'S INFORMATION

Mother's FIRST Name on Child's Original Birth Certificate:

Mother's MIDDLE Name on Child's Original Birth Certificate:

Mother's LAST Name on Child's Original Birth Certificate:

Mother's Date of Birth:

FATHER'S INFORMATION

Father's FIRST Name on Child's Original Birth Certificate:

Father's MIDDLE Name on Child's Original Birth Certificate:

Father's LAST Name on Child's Original Birth Certificate:

Father's Date of Birth:



BIRTH PARENT INFORMATION

NOTE: The birth parent information requested below is for processing purposes and will not be released to a requester if you wish to retain your privacy.

Birth Parent's Current First Name:

Birth Parent's Current Middle Name:

Birth Parent's Current Last Name:

Birth Parent's Relationship to Child: Mother Father

Phone 1: Home Mobile Work

Phone 2: Home Mobile Work

Phone 3: Home Mobile Work

Email Address:

Mailing Address:

City: State: Zip:

The items below may be redacted:

- Please check each item that is applicable to you that you DO NOT want to be made available to the requester of the adoption file.
- Please note that a birth parent may only redact his or her own name. In other words, a birth mother may not request that the name of the birth father be redacted; she may only request that her name be redacted.

Birth Parent's Relationship to Child:

MOTHER

Check the item(s) to be redacted:

Mother's Maiden Name

Mother's Legal Name

FATHER

Check the item(s) to be redacted:

Father's Name

By signing, I certify that I am the birth parent of the adoptee and, that to the best of my knowledge, the information I am supplying is correct and accurate. I understand that if I falsely represent that I am the birth parent of the adoptee on this form, then I may be subject to penalties pursuant to Ark. Code Ann. § 20-18-105.

Signature of Birth Parent:

Date:

State of Arkansas

County of



REDACTION REQUEST

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 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.

[]

(Seal of Office)

Signature of Notary Public

My Commission expires: []