

**AFFIDAVIT OF ADOPTED PERSON**

**BEFORE ME, the undersigned Notary Public, personally came and appeared:**

\_\_\_\_\_  
(Current Full Name of Adopted Adult)

Who, after being duly sworn and deposed, did say that: He/she is a \_\_\_\_\_ adopted adult  
(Race and Sex)

born on \_\_\_\_\_ at \_\_\_\_\_ located in  
(Month, Day, Year, Hour) (Hospital, If Known)

\_\_\_\_\_, to \_\_\_\_\_,  
(City, State) (Full Name of Biological Father, If Known)

whose race was \_\_\_\_\_ and whose birthplace was: \_\_\_\_\_,  
(City, State)

and to: \_\_\_\_\_ whose race was \_\_\_\_\_  
(Full Maiden Name of Biological Mother, If Known)

and whose birthplace was \_\_\_\_\_;  
(City, State)

That the birth was \_\_\_\_\_;  
(Single/Plural)

That the adopted person's legal adoptive name was \_\_\_\_\_;  
(Legal Adoptive Name of Adopted Person)

That the full name of his/her adoptive father was \_\_\_\_\_  
(Full Name of Adoptive Father)

and the full maiden name of his/her adoptive mother was \_\_\_\_\_;  
(Full Name of Adoptive Mother)

That the name of the placement agency handling the adoption, if applicable, was \_\_\_\_\_  
(Name of Placement Agency)  
located at \_\_\_\_\_;  
(City, State)

That the adopted person was adopted by virtue of a judgment rendered in \_\_\_\_\_  
(Court)  
on \_\_\_\_\_, in \_\_\_\_\_, Louisiana;  
(Date) (City)

That the adopted person does not have a biological sibling under the age of 18 adopted by the same adoptive parents;

That the adopted person desires to be contacted at the following address:

\_\_\_\_\_  
(Street, City, State, Zip)

telephone number (Home) ( ) \_\_\_\_\_ (Work) ( ) \_\_\_\_\_ (Other) ( ) \_\_\_\_\_,

and desires to locate his/her biological parent(s) and/or biological sibling(s) through the Voluntary Adoption Registry.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Adopted Person Signature

\_\_\_\_\_  
Witness Signature

**SWORN TO AND SUBSCRIBED BEFORE ME, this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_, **at** \_\_\_\_\_.  
(Mo.) (Year) (Time)

\_\_\_\_\_  
**NOTARY PUBLIC**

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FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Affidavit Number: \_\_\_\_\_

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
VOLUNTARY ADOPTION REGISTRY  
PURSUANT TO LA. CHILDREN'S CODE HANDBOOK ARTICLES 1270-1278**

**NOTE TO NOTARY:** This form may be hand or type written. Please affix your notarial seal.

**INSTRUCTIONS TO APPLICANT: Unknown items shall be left blank or completed as "Unknown."  
Do not sign except in the presence of a notary.**

**ELIGIBLE PERSONS**

Eligibility is limited to adoptions that were finalized in Louisiana and to the following persons:

1. The adopted person, if he or she is 18 years of age or older.
2. Any biological sibling, at least 18 years of age, of an adopted person.
3. The biological parent(s) of the adopted person.
4. The parents or siblings of a deceased biological parent.
5. The adoptive parent(s) of a minor or deceased adopted person.
6. Any descendent (or his parents if a minor) of a deceased biological parent or a deceased adopted person.

No registration by an adopted person shall be permitted until all biological siblings who were adopted by the same adoptive parents have reached the age of 18 years.

**REGISTRATION – FEES AND PROCEDURES**

1. Registration shall be by notarized affidavit submitted to the Department of Children and Family Services at the address below.
2. Parent(s), sibling(s), and descendents (or his parent if a minor) of a deceased biological parent shall provide proof of relationship to the deceased (birth certificates) and proof of death of the deceased (death certificate or obituary).
3. Adoptive parents shall provide proof of relationship to the minor or deceased adopted person (birth certificate or adoption decree) and if applicable, proof of death of the adopted person (death certificate or obituary).
4. A descendent (or his parent if a minor) of a deceased adopted person shall provide proof of relationship to the adopted person (birth certificates) and proof of death of the adopted person (death certificate or obituary).
5. The affidavit must be accompanied by a check or money order payable to the Department of Children and Family Services, (DCFS) in the amount of \$25.00. The affidavit and payment are mailed to:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
VOLUNTARY ADOPTION REGISTRY  
P. O. BOX 3318  
BATON ROUGE, LA 70821

**THE MATCH PROCESS AND THE MANDATORY COUNSELING REQUIREMENT**

The Registry office enters registrant information into a computer database program in the Registry office (not online) which facilitates the match process. If after registration there should be a match, both parties will be required to complete an hour of counseling with one of the following before they will be put into contact with one another: a licensed clinical social worker, a social worker acting in the employ of a licensed adoption agency, a licensed professional counselor, a licensed psychologist, a medical psychologist, a licensed psychiatrist, or a licensed marriage and family therapist.

Upon receipt of the completed counseling forms (Form 447-J) from both parties, the Registry office will submit a written letter only to the counselor of the adopted person (or the counselor of the adoptive parent or descendent in the case of a minor or deceased adopted person) providing the identifying contact information of the registered parties. This counselor shall then contact the matched parties in a careful and confidential manner to give them the information to contact each other.

**NOTIFICATION OF DEATH**

In any case where one or both of the birth parents are deceased, or where the adopted person is deceased and when this fact is known by the Registry, this information shall be disclosed by the Registry to any person who has registered.