

**Commonwealth of Kentucky  
Department for Community Based Services**

**APPLICATION FOR REGISTRATION OF FOREIGN ADOPTION**

**KRS 199.585** requires that the Cabinet for Health and Family Services issue a certified notice that a foreign adoption is registered in the Commonwealth of Kentucky when the adopted child has been approved for United States citizenship (i.e., the child entered the U.S. under an IH3 visa or IR3 visa) and the required documentation has been submitted with this application.

Child's Adoptive Name \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Place of Birth \_\_\_\_\_  
(Country or State, Province or Island, City or Village)

Adoptive Mother's Name \_\_\_\_\_  
(First) (Middle) (Last)

Adoptive Father's Name \_\_\_\_\_  
(First) (Middle) (Last)

Residence of Adoptive Parent(s)  
\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Phone Number of Adoptive Parent(s) \_\_\_\_\_

I do hereby affirm that I am the adoptive parent(s) of the child named above.

Signature of Adoptive Mother \_\_\_\_\_ Date \_\_\_\_\_

Signature of Adoptive Father \_\_\_\_\_ Date \_\_\_\_\_

This is an original request ☐ This is a request for additional copies ☐ Number of additional copies requested \_\_\_\_\_  
(There is a limit of 3 copies)

**Please submit the following information with this application for an original request:**

- **Certificate of citizenship in accordance with 8 U.S.C. 1431; or**
- **Proof of the child's IH3 visa status; or**
- **Proof of the child's IR3 visa status; and**
- **If not in English, a translated copy of the original decree, judgment, or final order of the child's adoption.**

**Please submit the required information and this application to the following address:**

**Cabinet for Health and Family Services  
275 East Main Street, 3C-E  
Frankfort, KY 40621**