



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR PUBLIC HEALTH
OFFICE OF VITAL STATISTICS
 275 E. Main Street, 1E-A
 Frankfort, KY 40621
 (502) 564-4212

COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS

APPLICATION FOR REGISTRATION OF FOREIGN BIRTH

1. Original Name Prior to Adoption <i>(First, Middle, Last):</i>		
2. Adoptive Name <i>(First, Middle, Last):</i>		
3. Date of Birth:	4. Sex:	
5. Place of Birth <i>(Country or State; Providence or Island; City or Village):</i>		
12. Residence of Adoptive Parents <i>(Street Address at time of Adoption):</i>		
13. City:	14. County:	15. State:
16. Current Mailing Address of Adoptive Parents <i>(Street Address):</i>		
17. City:	18. County:	19. State:

I, _____, being duly sworn, do hereby affirm that I am related to the applicant named above as _____ and the information above is true and correct.

(Parent, Guardian)

Notary Seal

 (Signature of Parent or Guardian)

Subscribed and sworn to before me this the _____ day
 of _____, 20 _____

 Print Notary Name and Number

 Notary Signature

 My Commission Expires