



APPLICATION TO UPDATE INFORMATION ON FILE WITH ADOPTION REGISTRY

INSTRUCTIONS: Please complete this form to update identifying information filed with the Adoption Registry. Please print or type all information where indicated. Signature and date signed must be provided in Section E. This form and a check or money order in the amount of \$10.00 should be returned to: Adoption Registry, 1317 Winewood Boulevard, Tallahassee, FL 32399-0700. Please make check or money order payable to: Adoption Registry. **NOTE:** A \$10.00 service fee must be paid on all dishonored checks or money orders.

SECTION A: INTENT TO UPDATE INFORMATION

It is my intention to update known information on file with the Adoption Registry concerning the following Florida adoption proceeding:

FULL NAME OF ADOPTEE, BEFORE ADOPTION, IF KNOWN (FIRST, MIDDLE, LAST)		BIRTHDATE OF ADOPTEE
PLACE OF BIRTH (CITY, COUNTY, STATE)		NUMBER IN UPPER RIGHT-HAND CORNER OF CHILD'S ORIGINAL BIRTH CERTIFICATE
NAME OF ADOPTEE, AFTER ADOPTION, IF KNOWN	NAMES OF ADOPTIVE PARENTS	NAMES OF NATURAL PARENTS

SECTION B: APPLICANT'S IDENTITY AS PREVIOUSLY FILED

APPLICANT'S NAME (FIRST, MIDDLE, LAST)		ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
RELATIONSHIP TO ADOPTEE	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER(S) (Home) (Work) (Cell)
APPLICANT'S DATE OF BIRTH	APPLICANT'S PLACE OF BIRTH	

SECTION C: AGENT'S IDENTITY (Complete only if agent is used and enclose a witnessed statement of authority from principal)

AGENT'S NAME	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
TELEPHONE NUMBER	

SECTION D: INFORMATION TO BE UPDATED (Complete only sections requiring updating)

Please specify type of information to be updated by checking the appropriate category:

- | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Withdraw all information from Registry | <input type="checkbox"/> Change of applicant's name |
| <input type="checkbox"/> Update list of persons authorized to receive information | <input type="checkbox"/> Change of applicant's address |
| <input type="checkbox"/> Change of applicant's telephone number | <input type="checkbox"/> Other (please specify): |

APPLICANT'S NAME	CURRENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)
TELEPHONE NUMBER(S) (Home) (Work)	

Florida Statute 382.027 permits disclosure of information to: adoptees, adoptive parents, natural parents, natural siblings, and natural maternal and paternal grandparents. Accordingly, I hereby consent to disclosure of this identifying information, upon verification of identity and relationship, to the following person(s) herein identified by their relationship(s) to the adoptee:

(Please list)

THIS SECTION
MUST BE
COMPLETED.

I would like to receive identifying information for any individual listed above. YES NO

SECTION E: RESPONSIBILITY OF APPLICANT

PRIVACY ACT STATEMENT

You are not required to provide us social security number(s), however, if you give us your social security number(s) we can determine your eligibility for assistance or services faster and more accurately. Social security numbers are used by the Department for identity verification related to administration of our programs.

I understand the importance of providing complete information and attest that the information provided above is accurate to the best of my knowledge. I understand in accordance with Section 837.06, Florida Statutes, that making false statements in writing with the intent to mislead a public servant in the performance of his official duty is a misdemeanor of the second degree.

I also understand identifying information filed with the Adoption Registry will be disclosed in accordance with the consent of those duly registered, upon verification of their identity and relationship to the adoptee. I acknowledge responsibility for notifying the Registry to expand, restrict, withdraw, or update information, including changes of name, address, and telephone number by submitting this form.

Signature of applicant _____ Date signed _____