



**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