

PARISH/COUNTY OF _____

AFFIDAVIT OF SIBLING OF A DECEASED BIOLOGICAL PARENT

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

(Current Full Name of Sibling of a Deceased Biological Parent)

Who, after being duly sworn and deposed, did say that: He/she is the biological uncle/aunt of a _____,
(Race)
_____ adopted person who was born on at _____ at _____
(Sex) (Month, Day, Year)

_____ in _____
(Hospital or Street Address) (City, State)

and registered in the name of _____ on his/her birth certificate.
(Child's Full Name)

This was a _____ birth;
(Singular, Plural)

The mother's full maiden name was given on the birth certificate as:

_____ and the father's full name as:
(Mother's Full Maiden Name)

_____. The mother's date of birth, race and
(Father's Biological Full Name)

birthplace on the birth certificate were given as _____, _____, and
(DOB) (Race)

_____, and the father's date of birth, race, and birthplace as:
(City, State)

_____, _____, _____;
(DOB) (Race) (City, State)

The name of the placement agency, if applicable, that handled the adoption was

_____ located at _____;
(Name of Placement Agency) (City, State)

The biological parent's date of death was _____;

The biological parent's name at time of death was _____;

The name, birth date, and sex of other children born to the deceased biological parent and placed in adoption
in order of birth, if applicable, were: _____,
(Name) (Birth Date) (Sex)

_____;
(Name) (Birth Date) (Sex)

The aunt/uncle desires to be contacted at:

_____ (Street) (City) (State) (Zip)

telephone number (_____) _____, (_____) _____, (_____) _____,
(Home) (Work) (Cell)

and desires to locate through use of the Voluntary Adoption Registry his/her niece/nephew who is adopted.

Witness Signature

Signature of Sibling of Deceased Parent

Witness Signature

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of _____, 20____,
(Month) (Year)

at _____.
(Time)

NOTARY PUBLIC

Date Received: _____

FOR OFFICE USE ONLY

Affidavit Number: _____

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
VOLUNTARY ADOPTION REGISTRY
PURSUANT TO LOUISIANA 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. Note please, it is necessary for you to submit a copy of your birth certificate and a copy of the death certificate or obituary of your biological parent.

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.