ARIZONA
DEPARTMENT OF
HEALTH SERVICES

Bureau of Vital Records
P.O. Box 6018
Phoenix, Arizona 85005
602-364-1300

Contact Preference Form for Birth Parents of Adopted Children

The Birth Parent Contact Preference Form was developed in accordance with Arizona Revised Statute 36-340(D). The Arizona State Bureau of Vital Records needs the following information to find and match your request with existing records. You may also complete a medical history form along with this form. If you complete this form by hand, **please print clearly**. If this form is not submitted with the finalized adoption order, you may submit the completed form to the Bureau of Vital Records at the address listed in the upper right hand corner of this form.

This is a fillable form which means you can fill this form out on your computer before printing it. If completing by hand, **please print clearly.**

Mail the completed form to: The Bureau of Vital Records, P.O. Box 6018, Phoenix, Arizona 85005

Original Birth Certificate Information		
Full Name of Child on Original Birth Certificate		
First ☐ I did not name the child.	Full Middle Name	Last
Child's Date of Birth (mm/dd/yyyy)	Sex ☐ Male ☐ Female	
Hospital Name (if not hospital, give street address where birth occurred) Name_____ City_____ County_____		
Birth parents, please complete your name as it appears on the child's original (pre-adoption) birth certificate. Include your birth name and any other names used either at the time of birth or relinquishment of parental rights.		
Full Name of Birth Mother	Full Middle Name	Last Name Prior to First Marriage
Full Name of Birth Father (if listed)	Full Middle Name	Last Name

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Birth Parent's Contact Preference	
Today's Date (mm/dd/yyyy)	Indicate your status: I am the: ☐ Birth Mother ☐ Birth Father
Name of the Department, Agency or Attorney that Placed the Child for Adoption	

If the original birth certificate is released, what is your preference regarding contact with the adoptee? Please check one of the boxes below and provide the required information.			
☐ I would like to be contacted.	Current Legal Name: First	Full Middle Name	Last Name
	Address:		
	Phone:	Other Contact Information:	
☐ I would prefer to be contacted only through an intermediary.	Intermediary Name: First	Full Middle Name	Last Name
	Phone:		
☐ I prefer not to be contacted at this time.	You may change your contact preference to allow direct contact or contact through an intermediary by filing an amended (new) contact preference form.		

Availability of Parent's Medical History
Please check the box below if it applies to you. ☐ I have completed and filed a Medical History Form with the Bureau of Vital Records or with the adoption petition submitted to the applicable court.