LOUISIANA DEPARTMENT OF HEALTH
Office of Public Health

Mail completed application to:
Center for Vital Records and Statistics
Attn: Pre-Adoption Certificate
P.O. Box 60630
New Orleans, LA 70160

Contact Preference Form for Birth Parents of Adopted Children

This form will be placed with the original birth certificate in the "sealed file" for your child. If the child requests a copy of his/her original birth certificate after this Contact Preference Form has been placed in the sealed file, this form will be given to the child along with a copy of the birth certificate. This Contact Preference Form is considered a private communication from the birth parent to the child and no copies of this form will be given to anyone other than the child.

Indicate your status: ☐ **Birth Mother/Parent** ☐ **Birth Father/Parent**

INFORMATION NECESSARY TO LOCATE THE ORIGINAL BIRTH CERTIFICATE

The information requested below must be stated exactly as it is on the original birth certificate or we will not be able to confirm that we have located the right record. Please print legibly

Full Name on Pre-Adoption Birth Record (name before adoption) (First, Middle, Last)	**Date of Birth*** (Month, Day, Year)
City of Birth **Parish of Birth**	**Sex** ☐ **Male** ☐ **Female**
Full Name of Birth Mother/Parent Before Marriage (First, Middle, Last)	
Full Name of Birth Father/Parent Before Marriage (First, Middle, Last)	

I declare under penalty of perjury under the laws of the State of Louisiana that the foregoing is true and correct. I request that you place this contact preference form in the sealed adoption file.

Birth Parent Signature: _____ **Date:** _____

What is your preference regarding contact with the adoptee?

☐ I would like to be contacted.

Current Legal Name: _____

Address: _____

Phone: (_____) _____ Email: _____

☐ I Would Prefer to Be Contacted Only Through an Intermediary.

☐ I Prefer Not to Be Contacted at This Time. If I decide later that I would like to be contacted, I will submit an updated Contact Preference Form to the State Registrar.

Additional information I would like to share (optional): _____

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