

New Hampshire Department of State
Division of Vital Records Administration
9 Ratification Way
Concord, New Hampshire 03301-2455

CONTACT PREFERENCE FORM FOR BIRTH PARENTS OF ADOPTED CHILDREN

The New Hampshire Division of Vital Records Administration needs the following information to find and match your request with your records.

Please print

Name of Child
on Original Birth Record: _____
first middle last

Date of Birth _____ Sex: Male Female
mm/dd/yyyy

Hospital Name: _____ City: _____

Mother's Name
on Original Birth Record: _____
first middle last

Adoption agency involved with adoption (if known): _____

IF THE ORIGINAL BIRTH CERTIFICATE IS RELEASED, WHAT IS YOUR PREFERENCE REGARDING CONTACT WITH THE ADOPTEE?

The Division of Vital Records Administration cannot accept the Contact Preference Form unless it is fully completed.

I am the: Birth Mother Birth Father Date: _____

Please check one of the three boxes below and provide the required information.

I would like to be contacted

Current Name: _____

Address: _____

Telephone: _____

I would prefer to be contacted through an intermediary only

I prefer not to be contacted at this time

If I decide later that I would like to be contacted, I will register with the Division of Vital Records Administration. I have completed a Birth Parent Updated Medical History form and have filed it with the Division of Vital Records Administration.

IF NO CONTACT IS YOUR PREFERENCE YOU MUST REQUEST AND COMPLETE A BIRTH PARENT UPDATED MEDICAL HISTORY FORM.

For additional information or forms, please contact the adoption agency involved with the adoption or the following office:

Division of Vital Records Administration
Attn: Adoption Coordinator
9 Ratification Way
Concord, NH 03301-2455 (603) 271-4650