

**REQUEST TO PLACE A CONTACT PREFERENCE AND MEDICAL HISTORY FORM  
WITH THE CHILD'S ORIGINAL BIRTH CERTIFICATE  
FOR  
BIRTH PARENT(S) OF ADOPTED CHILDREN BORN IN ALABAMA**

Alabama law directs the State Registrar to establish a new birth certificate after an adoption takes place. The new birth certificate is substituted for the original birth certificate in the files, and the original birth certificate and evidence of adoption are placed in a "sealed file" that previously could only be accessed by obtaining a court order (Section 22-9A-12). In 2000, the Alabama legislature amended the vital records law to allow a person 19 years of age or older whose original birth certificate was placed in a "sealed file" to obtain a non-certified copy of that record and any other documents in the "sealed file." Therefore, the child will be able to obtain all information on the original birth certificate including the name(s) of the parent(s) and any legal documents in the vital records file related to the adoption.

**PARENT'S PREFERENCE FOR CONTACT**

- The 2000 revision to the vital records law provides for a birth parent, at his/her request, to place a Contact Preference and Medical History Form in the "sealed file."
- The completed form will be placed in an envelope which will be put into the "sealed file" with the original birth certificate if the parent can provide sufficient information for us to locate the original birth certificate. The Contact Preference Form is considered a private communication from the birth parent to the child and no copies of the form will be given to anyone other than the child.
- The law does not require the child to follow the preference as stated by the parent on the form.

**INFORMATION NECESSARY TO LOCATE THE ORIGINAL BIRTH CERTIFICATE**

- We will attempt to locate the original birth certificate by checking "sealed files" for children born on a particular day and place.
- Therefore, we must have the **exact day of birth and the exact city or county where the child was born** for us to locate the original birth certificate.
- If we locate a possible record, we must also have **the mother's name exactly as it appears on the original birth certificate** to confirm that we have the correct record.

**PROCEDURES**

- Complete this application and the enclosed Contact Preference and Medical History Form.
- Enclose a fee of **\$25.00** for searching for the original birth certificate. Make checks payable to "Alabama Vital Records." This fee is for the search and is not refundable.
- If we locate the original birth certificate, we will place the Contact Preference and Medical History form in the "sealed file" with the original birth certificate and send you a letter stating that we did so.
- If we are unable to locate the original birth certificate, we will return the Contact Preference Form to you with a letter stating we were unable to locate the record.
- Mail to:           Vital Records - Adoptions Section  
                          P.O. Box 5625  
                          Montgomery, Alabama 36103-5625

**APPLICANT SECTION (This Section Must Be Completed)**

Amount Enclosed \$ \_\_\_\_\_

I request that you place the attached Contact Preference and Medical History with the original birth certificate of my child and that this form be given to my child if he/she requests a copy of his/her original birth certificate.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Your Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**CONTACT PREFERENCE AND MEDICAL HISTORY FORM  
FOR  
BIRTH PARENT(S) OF ADOPTED CHILDREN BORN IN ALABAMA**

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 and Medical History Form has been placed in the sealed file, this form will be given to the child along with copies of all other documents in the file. 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.

I am the: \_\_\_\_\_ Birth Mother \_\_\_\_\_ Birth Father

Date of completion of this form: \_\_\_\_\_

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**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.

Date of Child's Birth \_\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female

County or City of Birth \_\_\_\_\_

Mother's Name as Shown on Birth Certificate \_\_\_\_\_

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**STATE YOUR PREFERENCE ABOUT CONTACT WITH THE ADOPTED CHILD**

\_\_\_\_\_ **I Would Like to Be Contacted.**

Current Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **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 of Vital Statistics. I have completed the Medical History Section of this form to be provided to the child.

**MEDICAL HISTORY SECTION:**

**DATE OF COMPLETION:** \_\_\_\_\_

Please give information on the medical history of your family. Indicate if the birth parent, grandparent(s), brother, sister or other family member had the condition. Give any additional information that is appropriate such as age at onset, treatment, outcome, etc.					
Medical Conditions	Self		Family		Comments (indicate which family member)
	Yes	No	Yes	No	
Hypertension or high blood pressure					
Stroke					
Heart attack					
Cancer (state what kind)					
Leukemia					
Intestinal problems (state what kind)					
Renal disease or kidney disorder					
Cirrhosis or Liver disease					
Diabetes (adult or juvenile)					
Thyroid condition					
Arthritis					
Allergies (state what kind)					

**MEDICAL HISTORY SECTION:**

Please give information on the medical history of your family. Indicate if the birth parent, grandparent(s), brother, sister or other family member had the condition. Give any additional information that is appropriate such as age at onset, treatment, outcome, etc.

Medical Conditions	Self		Family		Comments (indicate which family member)
	Yes	No	Yes	No	
Asthma					
Tuberculosis					
Sexually transmitted disease					
Blindness or other eye problem					
Hearing or speech problems					
Dental problems (state what kind)					
Muscular Dystrophy					
Multiple Sclerosis					
Cerebral Palsy					
Cystic Fibrosis					
Sickle Cell Anemia					
Huntington's Disease					

**MEDICAL HISTORY SECTION:**

Please give information on the medical history of your family. Indicate if the birth parent, grandparent(s), brother, sister or other family member had the condition. Give any additional information that is appropriate such as age at onset, treatment, outcome, etc.

Medical Conditions	Self		Family		Comments (indicate which family member)
	Yes	No	Yes	No	
Tay-Sachs Disease					
Epilepsy or other seizures					
Birth defects such as: cleft lip, club foot, congenital heart condition, hydrocephalus, spina bifida, etc. (state what kind)					
Learning disability					
Mental retardation					
Severe depression					
Mental illness					
Alcoholism					
Drug abuse					
Any other conditions you wish to describe					