

A birth parent of an adopted person may submit a Contact Preference Form to the State Registrar indicating his or her preference regarding contact with the individual requesting the adoption file. The birth parent may change his or her preference at any time by submitting a revised Contact Preference Form to the State Registrar. The following information is needed in order to find and match your request with our existing files. If you fail to provide complete and accurate information, then we may be unable to accept and process your request.

The birth parent is required to submit a Family History Information Form for their Contact Preference Form to be accepted. If the birth parent has previously submitted a Family History Information Form, she or he will only need to re-submit for correction or expansion of the information on the form.

**ORIGINAL BIRTH CERTIFICATE INFORMATION**

Please provide complete and accurate information. While the Department will diligently search its files for an adoption record that matches your request, it does not warrant, promise or guarantee that it will be able to locate an adoption record that matches the information you provide in your request.

**CHILD'S INFORMATION**

Child's FIRST Name on Child's Original Birth Certificate:

Child's MIDDLE Name on Child's Original Birth Certificate:

Child's LAST Name on Child's Original Birth Certificate:

Suffix:

**Note: If you are unsure of the exact date of the child's birth, please enter your best estimate.**

Child's Date of Birth:

Actual  Estimate

Country of Birth:

State of Birth:

County of Birth:

City of Birth:

**MOTHER'S INFORMATION**

Mother's FIRST Name on Child's Original Birth Certificate:

Mother's MIDDLE Name on Child's Original Birth Certificate:

Mother's LAST Name on Child's Original Birth Certificate:

Mother's Date of Birth:

**FATHER'S INFORMATION**

Father's FIRST Name on Child's Original Birth Certificate:

Father's MIDDLE Name on Child's Original Birth Certificate:

Arkansas Department of Health  
Vital Records  
4815 West Markham Street  
Little Rock, AR 72205

NEW RECORDS SYSTEM FOR BIRTH PARENTS



CONTACT PREFERENCE

Father's LAST Name on Child's Original Birth Certificate:

Father's Date of Birth:

**BIRTH PARENT INFORMATION**

**NOTE:** The birth parent information requested below is for processing purposes and will not be released to a requester if you wish to retain your privacy.

Birth Parent's Current First Name:

Birth Parent's Current Middle Name:

Birth Parent's Current Last Name:

Birth Parent's Date of Birth:

Birth Parent's Relationship to Child:  Mother  Father

Phone 1:   Home  Mobile  Work

Phone 2:   Home  Mobile  Work

Phone 3:   Home  Mobile  Work

Email Address:

Mailing Address:

City:  State:  Zip:

The Contact Preference Form is only an expression of the birth parent's wishes regarding contact with the adoptee. There is no law requiring the adoptee to follow the preference selected by the birth parent on the form.

**BIRTH PARENT'S CONTACT PREFERENCE**

State your preference about contact with the individual requesting the adoption file.

**Note: Selection is required.**

**A.  I WOULD LIKE TO BE CONTACTED DIRECTLY**

I have provided the required contact preference information and an updated Family History Information Form. I am submitting both to the State Registrar as set forth in this document.

**B.  I WOULD PREFER TO BE CONTACTED ONLY THROUGH AN INTERMEDIARY**

I have provided the required contact preference information and an updated Family History Information Form. I am submitting both to the State Registrar as set forth in this document. I have named the listed individual to act as an intermediary. *(Complete the following required information.)*

Name of Individual or Agency:

Mailing Address:

City:  State:  Zip:

Phone 1:   Home  Mobile  Work

Phone 2:   Home  Mobile  Work

Phone 3:   Home  Mobile  Work



C.  I WOULD PREFER TO NOT BE CONTACTED AT THIS TIME

If I decide later that I would like to be contacted, I will submit a revised Contact Preference Form to the State Registrar. While I do not wish to be contacted at this time, I have completed the Family History Information Form and am submitting it to the State Registrar.

***By signing, I certify that I am the birth parent of the adoptee and that, to the best of my knowledge, the information I am supplying is correct and accurate. I understand that if I falsely represent that I am the birth parent of the adoptee on this form, then I may be subject to penalties.***

Signature of Birth Parent:

Date:

State of Arkansas

County of

On this the  day of , 20, before me, , the undersigned notary, personally appeared (name of signer) known to me (or satisfactorily proven) to be the person whose name is subscribed to the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

(Seal of Office)

Signature of Notary Public

My Commission expires: