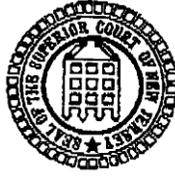


SURROGATE OF HUDSON COUNTY

JOSEPH J. RYGLICKI, ESQ.
Surrogate

DEPUTY CLERK OF THE SUPERIOR
COURT OF NEW JERSEY



BRENNAN COURTHOUSE
583 NEWARK AVENUE, 1ST FLOOR
JERSEY CITY, NEW JERSEY 07306
(201) 795-6378 • FAX (201) 795-5488

jryglicki@hcnj.us

REQUEST FOR ADOPTION INFORMATION

(Adoption records from 1941 – Present Date)

Under the controlling laws of New Jersey, records of adoption proceedings are sealed to serve and protect the interest of the three parties concerned: the child, the natural parents and the adopting parents. All of these individuals are entitled to their rights of privacy. *Please understand that this Court is not permitted to release any information concerning sealed records.*

Any requests for adoption information must be reviewed and approved by a Superior Court Judge. Please submit your request, in writing, detailing the exact information you seek, and the reason for your inquiry. Please provide any information that will enable us to conduct a thorough search, including your date of birth, date of adoption (if known), adopting parents' names(s), etc. You must include a copy of your I.D. *If you are unable to provide a case number or docket number, you must include a \$10.00 search fee. Please make your check or money order payable to: "Hudson County Surrogate"*

In addition, you must have the attached Affidavit Form signed where indicated, before a Notary Public or an Attorney at Law of the State of New Jersey, and submitted along with your letter request.

All requests shall be addressed to:

JOSEPH J. RYGLICKI, SURROGATE
BRENNAN COURTHOUSE
583 NEWARK AVENUE, FIRST FLOOR
JERSEY CITY, NEW JERSEY 07306

Prepared by the Court

Name of Adopting Parent(s) :

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION: FAMILY PART
HUDSON COUNTY

Name of Child :

DOCKET NO. _____

Civil Action - Affidavit

STATE OF _____

Date of Birth _____ (required)

COUNTY OF _____

Date of Adoption _____ (if known)

I, _____ residing at _____

Being duly sworn depose and say:

- 1. I am the Affiant in the above action.
- 2. This Affidavit is being submitted in support of my request that this Court unseal the records herein for the purpose of (why do you need a copy of adoption record) _____

- 3. I am requesting a certified copy of :
 - _____ Judgment of Adoption _____ Medical History
 - Other: (specify document) _____

- 4. I am aware that if any of the above is willfully false, I am subject to punishment.

SUBSCRIBED AND SWORN TO
BEFORE ME THIS _____ DAY
OF _____, 2015

Signature

A(n) Notary Public or Attorney at Law of New Jersey