

UNITED STATES OF AMERICA  
STATE OF \_\_\_\_\_  
PARISH/COUNTY \_\_\_\_\_

**VOLUNTARY ADOPTION REGISTRY FOR  
FOR THE MATCHING OF PERSONS  
AFFECTED BY ADOPTION**

**AFFIDAVIT OF A DESCENDENT (OR HIS PARENT IF A MINOR)  
OF A DECEASED ADOPTED PERSON**

BEFORE ME, the undersigned Notary Public, personally came and appeared

\_\_\_\_\_  
Full Name of Descendent (or his parent if a minor) of a Deceased Adoptive Person

Who, after being duly sworn and deposed, did say that: He/she is the descendent (or parent of a minor descendent) of \_\_\_\_\_ who was born on \_\_\_\_\_  
(Full Legal Name of Adopted Person)

\_\_\_\_\_ in \_\_\_\_\_  
(Month/Day/Year) (City/State)

to \_\_\_\_\_ and \_\_\_\_\_;  
(Biological Mother, if known) (Biological Father, if known)

The name of the placement agency or attorney handling the adoption was \_\_\_\_\_  
\_\_\_\_\_, located in \_\_\_\_\_,  
(Name of Placement Agency or Attorney, if known) (City)

Louisiana.

If known, the adopted person was adopted by virtue of a Judgment rendered \_\_\_\_\_,  
(Date)  
in \_\_\_\_\_, in \_\_\_\_\_, Louisiana;  
(Name of Court) (City)

The adopted person died on \_\_\_\_\_; The adopted person's full name at time of  
(Date)  
death was \_\_\_\_\_;  
(Full Name of Adopted Person at Time of Death)

The registrant/descendent (or parent if a minor) of the adoptive person desires to be contacted at:

\_\_\_\_\_  
(Street, City, State, Zip)

Home( ) \_\_\_\_\_, Work( ) \_\_\_\_\_, and Other( ) \_\_\_\_\_,  
and desire(s) to locate through the Louisiana Voluntary Adoption Registry the biological parent(s) and/or any biological family member of the deceased adopted person

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Signature of Descendent (Or His Parent If a Minor)  
of Deceased Adopted Person

\_\_\_\_\_  
Witness Signature

**SWORN TO AND SUBSCRIBED BEFORE ME, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.**  
(Month, Year) (Time)

\_\_\_\_\_  
**NOTARY PUBLIC**

For Office Use Only

Date Received: \_\_\_\_\_

Affidavit Number: \_\_\_\_\_

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
VOLUNTARY ADOPTION REGISTRY  
PURSUANT TO LOUISIANA Children's Code Handbook Articles 1270-1278**

**NOTE TO NOTARY:** This form may be hand or type written. Please affix your notarial seal.

**INSTRUCTIONS TO APPLICANT: Unknown items shall be left blank or completed as Unknown.”  
Do not sign except in the presence of a notary.**

**ELIGIBLE PERSONS**

Eligibility is limited to adoptions that were finalized in Louisiana and to the following persons.

1. The adopted person, if he or she is 18 years of age or older.
2. Any biological sibling, at least 18 years of age, of an adopted person.
3. The biological parent(s) of the adopted person.
4. The parents or siblings of a deceased biological parent.
5. The adoptive parent(s) of a minor or deceased adopted person.
6. Any descendent (or his parents if a minor) of a deceased biological parent or a deceased adopted person.

No registration by an adopted person shall be permitted until all biological siblings who were adopted by the same adoptive parents have reached the age of 18 years.

**REGISTRATION – FEES AND PROCEDURES**

1. Registration shall be by notarized affidavit submitted to the Department of Children and Family Services at the address below.
2. Parent(s), sibling(s), and descendents (or his parent if a minor) of a deceased biological parent shall provide proof of relationship to the deceased (birth certificates) and proof of death of the deceased (death certificate or obituary).
3. Adoptive parents shall provide proof of relationship to the minor or deceased adopted person (birth certificate or adoption decree) and if applicable, proof of death of the adopted person (death certificate or obituary).
- 4.. A descendent (or his parent if a minor) of a deceased adopted person shall provide proof of relationship to the adopted person (birth certificates) and proof of death of the adopted person (death certificate or obituary).
5. The affidavit must be accompanied by a check or money order payable to the Department of Children and Family Services, (DCFS) in the amount of \$25.00. The affidavit and payment are mailed to:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
VOLUNTARY ADOPTION REGISTRY  
P. O. BOX 3318  
BATON ROUGE, LA 70821

**THE MATCH PROCESS AND THE MANDATORY COUNSELING REQUIREMENT**

The Registry office enters registrant information into a computer database program in the Registry office (not online) which facilitates the match process. If after registration there should be a match, both parties will be required to complete an hour of counseling with one of the following before they will be put into contact with one another: a licensed clinical social worker, a social worker acting in the employ of a licensed adoption agency, a licensed professional counselor, a licensed psychologist, a medical psychologist, a licensed psychiatrist, or a licensed marriage and family therapist.

Upon receipt of the completed counseling forms (DCFS CW Form 447-J) from both parties, the Registry office will submit a written letter only to the counselor of the adopted person (or the counselor of the adoptive parent or descendent in the case of a minor or deceased adopted person) providing the identifying contact information of the registered parties. This counselor shall then contact the matched parties in a careful and confidential manner to give them the information to contact each other.

**NOTIFICATION OF DEATH**

In any case where one or both of the birth parents are deceased, or where the adopted person is deceased and when this fact is known by the Registry, this information shall be disclosed by the Registry to any person who has registered.