



Advance Notice Registry

SECTION 1: INFORMATION ABOUT YOURSELF

(Must be completed by everyone)

CHECK APPROPRIATE BOX:

Initial Filing: ☐

Revising Previous Filing: ☐

Your Present Last Name		
Maiden Name		
All Previous Last Names		
First and Middle Name		
Your Date of Birth		
Mailing Address	Street:	
	City/State:	Zip Code:

Relationship to Adopted Person:

Birth ☐

Adoptive ☐

Specify Relationship: _____

SECTION 2: INFORMATION PERTAINING TO RELATIVE PLACED FOR ADOPTION

(Only to be completed by Birth Relatives)

Last Name (Before Adoption)			
First and Middle Names			Sex (F <input type="checkbox"/> M <input type="checkbox"/>)
Date of Birth		Place of Birth: County:	City/State:
Full Name of Birth Father			
Full Name of Birth Mother			

SECTION 3: INFORMATION PERTAINING TO THE ADOPTED PERSON

(Only to be completed by Adoptive/Legal Relatives)

Last Name by Adoption			
First and Middle Names			Sex (F <input type="checkbox"/> M <input type="checkbox"/>)
Date of Birth		Place of Birth: County:	City/State:
Full Name of Adoptive Father			
Full Name of Adoptive Mother			

SECTION 4: DECLARATION

(Must be completed by everyone)

I desire to put my name on the Advance Notice Registry, and declare that the information provided is true and correct, to the best of my knowledge.

I have read the introduction to this form and understand that I must meet all of the eligibility requirements listed in order to receive advance notification.

I understand that I will be notified by certified mail (return receipt requested) at the mailing address shown on this form fifteen days prior to the release of adoption records, sealed records, sealed adoption records, post adoption records, or any other record or papers with identifying information regarding me.

I understand it is my responsibility to notify the Department of Children's Services of a change in address by filing a new Advance Notice Registry form. I further understand that any revisions to my original filing will require a fee or fee waiver.

I understand that if the Department of Children's Services cannot identify records with the information I have provided on this form, the Department will not be held accountable for release of information without notification to me.

Original Signature

Date

SECTION 5: ADDITIONAL INFORMATION TO BE SUBMITTED
(Everyone must comply)

FEES

A fee of **\$25.00** payable for filing or varying the advance notice registration must accompany this completed, signed registration form. If you are unable to pay this fee, you may qualify for a fee waiver as provided by law [T.C.A 36-1-141] Payment may be via cashier's check, money order, or personal check made payable to the **Department of Children's Services and mailed to Access and Services to Sealed Records Unit, 9th Floor, UBS Building, 315 Deaderick Street, Nashville, TN 37243.**

PROOF OF IDENTITY

Proof of your identity must accompany this completed, signed registration form.

A copy of a photo license will suffice as sole proof of identity.

Other acceptable proof of identity may be copies of:

Full Birth Certificate

Marriage Certificate

Current Passport

YOU MAY WISH TO MAKE A COPY OF THIS APPLICATION FOR YOUR FILES BEFORE RETURNING THIS COMPLETED ORIGINAL DOCUMENT TO THE DEPARTMENT OF CHILDREN'S SERVICES.

OFFICIAL USE ONLY

Received in Access and Services to Sealed Records Unit: Date: Day _____ Month _____ Year _____

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

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