Pennsylvania Adoption Information Registry
Act 101 REGISTRATION FORM
(for use by Agencies, Courts and Others)
(Births in Pennsylvania only)
800-227-0225

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Please use this form to register information about an adopted child. When completed, please submit the requested documents to www.pagov-pair.org

I. ADOPTEE'S INFORMATION

ADOPTEE'S CURRENT NAME (Last, First, Middle)	ADOPTEE'S NAME RECORDED ON ORIGINAL BIRTH CERTIFICATE (Last, First, Middle)

DATE OF BIRTH (MM/DD/YYYY)		GENDER	☐ MALE ☐ FEMALE

PLACE OF BIRTH	COUNTY	CITY / MUNICIPALITY	STATE	HOSPITAL (if known)

COUNTY WHERE ADOPTION WAS FINALIZED (City/County, State)	DATE ADOPTION WAS FINALIZED (MM/DD/YYYY)

BIRTH PARENT'S NAME (Last, First, Middle)	DATE OF BIRTH (MM/DD/YYYY)	BIRTH PARENT'S NAME (Last, First, Middle)	DATE OF BIRTH (MM/DD/YYYY)

BIRTH PARENT'S ADDRESS (Street, City, State, Zip)	BIRTH PARENT'S ADDRESS (Street, City, State, Zip)

ADOPTIVE PARENTS' NAME (Last, First, Middle)	DATE OF BIRTH (MM/DD/YYYY)	ADOPTIVE PARENTS' NAME (Last, First, Middle)	DATE OF BIRTH (MM/DD/YYYY)

ADOPTIVE PARENT'S ADDRESS (Street, City, State, Zip)	ADOPTIVE PARENT'S ADDRESS (Street, City, State, Zip)

II. AGENCY INFORMATION

AGENCY NAME	CASEWORKER (Full Name)

AGENCY MAILING ADDRESS	E-MAIL

CITY	STATE	ZIP	TELEPHONE #	FAX #

III. CHILD'S RECORDS

Records uploaded to DPW/OCYF
☐ **Child Profile OR Child's Social Summary**
☐ **Child's Medical Records / Medical Information**

I verify that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code).

NAME of SUBMITTER	DATE

If agency information for submitter is different than the information provided in Section II, please provide submitter's agency information below.

AGENCY NAME	CASEWORKER (Full Name)

AGENCY MAILING ADDRESS		E-MAIL		
CITY	STATE	ZIP	TELEPHONE #	FAX #