

Commonwealth of Kentucky  
Department for Community Based Services

APPLICATION FOR REGISTRATION OF FOREIGN ADOPTION

**KRS 199.585** requires that the Cabinet for Health and Family Services issue a certified notice that a foreign adoption is registered in the Commonwealth of Kentucky when the adopted child has been approved for United States citizenship, (i.e., the child entered the U.S. under an Immediate Relative 3 visa or IH3 visa) and the required documentation has been submitted with this application.

Child's Adoptive Name \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Place of Birth \_\_\_\_\_  
(Country or State, Province or Island, City or Village)

Adoptive Mother's Name \_\_\_\_\_  
(First) (Middle) (Last)

Adoptive Father's Name \_\_\_\_\_  
(First) (Middle) (Last)

Residence of Adoptive Parent(s)  
\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Phone Number of Adoptive Parent(s) \_\_\_\_\_

I do hereby affirm that I am the adoptive parent(s) of the child named above.

\_\_\_\_\_  
Signature of Adoptive Mother Date

\_\_\_\_\_  
Signature of Adoptive Father Date

This is an original request  This is a request for additional copies  Number of additional copies requested \_\_\_\_\_  
(There is a limit of 3 copies)

**Please submit the following information with this application for an original request:**

- **Certificate of citizenship in accordance with 8 U.S.C. 1431; or**
- **Proof of the child's IH-3 visa status; or**
- **Proof of the child's IR-3 visa status; and**
- **If not in English, a translated copy of the original decree, judgment, or final order of the child's adoption.**

**Please submit the required information and this application to the following address:**

**Cabinet for Health and Family Services  
275 East Main Street, 3C-E  
Frankfort, KY 40621**