

D.R.L. §114

[This form must be filed at least two days before the return date in Court. It must state the date, time and place of service]

Adoption Form 27-C
(Adoption– Affirmation of Service of Petition for Access to Sealed Adoption Records)
(1/2026)

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

.....
In the Matter of the Adoption of
A Child Whose First Name is

(Docket)(File) No.

AFFIRMATION OF
SERVICE
OF PETITION FOR
ACCESS TO SEALED
ADOPTION RECORDS

.....
I, [name]: of [state residence or business address]: affirm
the following:

1. I am over the age of eighteen years.
2. I personally served the Notice of Petition for Access to Sealed Adoption Records on each person named below, each of whom I knew to be the person mentioned and described in the Notice, by delivering to and leaving with each of them personally a true copy of the Notice:

Name:

Date and Time served:

Place served:

My perception of the person served was as follows: **NOTE:** Please select the gender designation that most closely matches your perception of the person’s gender.

Gender	Race	Age	Height	Weight
<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Under 21 years	<input type="checkbox"/> Under 5’0”	<input type="checkbox"/> Under 100 lbs
<input type="checkbox"/> Female	<input type="checkbox"/> Black/African American	<input type="checkbox"/> 21-35 years	<input type="checkbox"/> 5’0” – 5’3”	<input type="checkbox"/> 100-130 lbs
<input type="checkbox"/> X	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> 36-50 years	<input type="checkbox"/> 5’4” – 5’8”	<input type="checkbox"/> 131-160 lbs
	<input type="checkbox"/> Native American/Alaskan	<input type="checkbox"/> 51-65 years	<input type="checkbox"/> 5’9” – 6’0”	<input type="checkbox"/> 161-200 lbs
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> 65-80 years	<input type="checkbox"/> 6’1” – 6’4”	<input type="checkbox"/> 201-240 lbs
	<input type="checkbox"/> White	<input type="checkbox"/> Over 80 years	<input type="checkbox"/> Over 6’4”	<input type="checkbox"/> 241-280 lbs
	<input type="checkbox"/> Other			<input type="checkbox"/> Over 280 lbs
Eye Color	Hair Color	Hair Length	Facial Hair	
<input type="checkbox"/> Amber	<input type="checkbox"/> Black	<input type="checkbox"/> Bald	<input type="checkbox"/> None	
<input type="checkbox"/> Blue	<input type="checkbox"/> Blond	<input type="checkbox"/> Balding	<input type="checkbox"/> Goatee	
<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Crewcut	<input type="checkbox"/> Full beard (short)	
<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Short	<input type="checkbox"/> Full beard (long)	
<input type="checkbox"/> Green	<input type="checkbox"/> Red	<input type="checkbox"/> Medium	<input type="checkbox"/> Mustache	
<input type="checkbox"/> Hazel	<input type="checkbox"/> White	<input type="checkbox"/> Shoulder-length	<input type="checkbox"/> Sideburns	
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Long		

Other identifying features, if any (specify): _____

Name:

Date and Time served:

Place served:

My perception of the person served was as follows: **NOTE:** Please select the gender designation that most closely matches your perception of the person's gender.

Gender	Race	Age	Height	Weight
<input type="checkbox"/> Male	<input type="checkbox"/> Asian	<input type="checkbox"/> Under 21 years	<input type="checkbox"/> Under 5'0"	<input type="checkbox"/> Under 100 lbs
<input type="checkbox"/> Female	<input type="checkbox"/> Black/African American	<input type="checkbox"/> 21-35 years	<input type="checkbox"/> 5'0" – 5'3"	<input type="checkbox"/> 100-130 lbs
<input type="checkbox"/> X	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> 36-50 years	<input type="checkbox"/> 5'4" – 5'8"	<input type="checkbox"/> 131-160 lbs
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	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> 65-80 years	<input type="checkbox"/> 6'1" – 6'4"	<input type="checkbox"/> 201-240 lbs
	<input type="checkbox"/> White	<input type="checkbox"/> Over 80 years	<input type="checkbox"/> Over 6'4"	<input type="checkbox"/> 241-280 lbs
	<input type="checkbox"/> Other			<input type="checkbox"/> Over 280 lbs

Eye Color	Hair Color	Hair Length	Facial Hair
<input type="checkbox"/> Amber	<input type="checkbox"/> Black	<input type="checkbox"/> Bald	<input type="checkbox"/> None
<input type="checkbox"/> Blue	<input type="checkbox"/> Blond	<input type="checkbox"/> Balding	<input type="checkbox"/> Goatee
<input type="checkbox"/> Brown	<input type="checkbox"/> Brown	<input type="checkbox"/> Crewcut	<input type="checkbox"/> Full beard (short)
<input type="checkbox"/> Gray	<input type="checkbox"/> Gray	<input type="checkbox"/> Short	<input type="checkbox"/> Full beard (long)
<input type="checkbox"/> Green	<input type="checkbox"/> Red	<input type="checkbox"/> Medium	<input type="checkbox"/> Mustache
<input type="checkbox"/> Hazel	<input type="checkbox"/> White	<input type="checkbox"/> Shoulder-length	<input type="checkbox"/> Sideburns
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Long	

Other identifying features, if any (specify): _____

3. None of the persons named above is in the military service as defined by the Act of Congress known as the "Soldiers' and Sailors' Civil Relief Act of 1940" and the New York "Soldiers' and Sailors' Civil Relief Act."

I affirm this ___ day of _____, _____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the above statements are true, except as to those matters stated to be alleged on information and belief and as to those matters, I believe them to be true. I understand that this document may be filed in an action or proceeding in a court of law.

Dated _____, _____,

 Signature of Person who Served Petition

 Print or Type Name