

STATE OF IOWA

IOWA DEPARTMENT OF PUBLIC HEALTH - *Bureau of Health Statistics*

OFFICE USE ONLY

State File Number _____

Match Date _____

BIOLOGICAL PARENT of Adoptee Born in Iowa CONTACT PREFERENCE FORM

Complete Part 1 and sign in front of a Notary Public. Return the notarized form and a clear photocopy of your current government-issued photo identification (e.g., driver's license). Photo ID will be destroyed upon acceptance of contact preference form and will NOT be released to an applicant. See additional information on reserve side.

PART 1 – TO BE COMPLETED BY BIOLOGICAL PARENT. Type or print legibly in black ink.

Adoptee's Birth Name First	Middle, if any	Last (<i>Surname</i>)	Suffix (<i>Jr., II, III, IV, V</i>)
Sex	Birth Date (<i>Month, Day, Year</i>)	Place of Birth (<i>City and County</i>)	
Biological Mother First	Middle, if any	Last Name Before Any Marriage	Current Last Name
Biological Father First	Middle, if any	Last Name	Suffix (<i>Sr., II, III, IV, V</i>)
ARE YOU – <i>Check one</i> <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father If you are not listed on the birth certificate, this form will be destroyed and not attached to any record.		Birth Parent Current Legal Name (<i>Print legibly</i>)	
Birth Parent's Address (<i>Street Address and P.O. Box, if any</i>) (<i>City, Town, or Location</i>) (<i>County</i>) (<i>State & Zip Code</i>)			

Please check only ONE of the boxes listed below to state your preference regarding contact by an adopted person or an entitled person.

I would like to be contacted. I have completed this contact preference form and am filing the form with the state registrar. I may change this preference by filing a subsequent contact preference form with the state registrar.

Name: _____ Contact Phone Number: _____

Mailing Address: _____
Street/PO Box _____ City _____ State _____ Zip Code _____

Email Address: _____

I would prefer to be contacted only through an intermediary. I would like the following named individual or entity to act as an intermediary. I have completed this contact preference form and am filing the form with the state registrar. I may change this preference by filing a subsequent contact preference form with the state registrar.

Intermediary Name: _____ Intermediary Contact Phone Number: _____

I do not want to be contacted; however, my personally identifiable information may be released if requested in accordance with Iowa Code section 144.24A. I have completed this contact preference form and am filing the form with the state registrar. I may change this preference by filing a subsequent contact preference form with the state registrar.

I do not want to be contacted. I request that my personally identifiable information be redacted from the noncertified copy of the original certificate of birth and my contact preference form. I have completed this contact preference form and am filing the form with the state registrar. I may change this preference by filing a subsequent contact preference form with the state registrar.

NOTARIZATION. Sign legibly and date only in front of a Notary Public. You must show the Notary your valid, current government-issued photo identification and sign your full name as it appears on your I.D.

I certify the information provided is accurate and complete to the best of my knowledge. I am the biological parent named on the record and understand the original certificate of birth prior to adoption, contact preference as indicated above and medical history form will be released if requested.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____

State of _____ County of _____ ss _____

(NOTARY SEAL)

Signed and affirmed in my presence on this ____ day of _____, _____.

_____, My commission expires: _____
Notary Public Signature

GENERAL INFORMATION

- Pursuant to Iowa Code section 144.24A, an adopted person who was born in this state and whose original certificate of birth was substituted with a new certificate of birth pursuant to section 144.24 based upon the adoption, or an entitled person, may apply for and obtain a noncertified copy of the original certificate of birth of the adopted person who is the subject of the original certificate of birth.
- An entitled person may apply for and obtain a noncertified copy of the original certificate of birth of the adopted person who is the subject of the original certificate of birth if that adopted person is deceased.
- Proper application, proof of identity and entitlement must exist before a noncertified copy of the original certificate of birth may be issued to any party.
- Contact preference forms and medical history forms may be on file for the biological parent(s) named on the record. If the contact preference forms and medical history forms are on file, the forms will be released with the noncertified original certificate of birth.
- Biological parents may state their preference to release their identity and option for contact, or for their identity to be redacted from the original certificate of birth prior to adoption.
- An original noncertified certificate of birth prior to adoption may be released regardless of any contact preference forms being filed when proper application has been made and proof of entitlement exists.
- Any adult adoptee, or an entitled person, who was born before January 1, 1971 may apply for and obtain a noncertified copy of the original certificate of birth of the adopted person who is the subject of the original certificate of birth at any time.
- All other requests for a noncertified copy of the original certificate of birth by the adult adoptee, or an entitled person, may be submitted on or after January 1, 2022.
- Information can be found at <https://idph.iowa.gov/health-statistics/Open-Adoption>.

FREQUENTLY ASKED QUESTIONS

What does Iowa Code section 144.24A allow?

- The new law allows an adult adoptee to request and receive a noncertified copy of their original certificate of birth that was created prior to their adoption. Biological parent information is listed on this document.
- The new law allows biological parents to file contact preference and medical history forms with the Bureau of Health Statistics. These forms shall be released to the adult adoptee or entitled person upon proper application.

Who else can request a noncertified copy of the original certificate of birth for an adoptee?

- An entitled person may request and receive a noncertified copy of the original certificate of birth prior to adoption if the adoptee is deceased.

Who is an entitled person?

- An entitled person is the spouse of the adopted person who is deceased, or an adult related to the adopted person who is deceased within the second degree of consanguinity. The second degree of consanguinity is applied to individuals after adoption.

Who is within the second degree of consanguinity?

- The following individuals are within the second degree of consanguinity of the adult adoptee: children, parents, grandchildren, siblings and grandparents.

Can an original noncertified copy of a birth certificate prior to adoption be released if no contact preference form has been filed?

- Yes. For persons born before January 1, 1971, a request for a noncertified copy of the original certificate of birth may be submitted at any time. For persons born after January 1, 1971, a request for a noncertified copy of the original certificate of birth may be requested on or after January 1, 2022.

If I am a biological parent listed on an original certificate of birth prior to adoption, when can I file a contact preference form and medical history form?

- The Bureau will accept contact preference forms and medical history forms immediately. If the contact preference form and medical history form is submitted to the Bureau of Health Statistics after the release dates noted above, adult adoptees or entitled persons may have requested the original certificate of birth prior to adoption. Contact preference forms and medical history forms are provided with the noncertified original certificate of birth once filed.

Contact preference and medical history forms will only be accepted via mail or in-person at the Bureau of Health Statistics. These forms will not be filed at any other issuing office.

Mail contact preference and medical history forms to:

Iowa Department of Public Health
Bureau of Health Statistics
Lucas State Office Building
1st Floor, 321 E. 12th Street
Des Moines, Iowa 50319-0075