



The Abandoned Child Registry allows the parent(s) of an abandoned child to file a claim of parental rights with the Idaho Department of Health and Welfare Bureau of Vital Records and Health Statistics before those rights have been terminated. The Registry does not add the parent(s) names or alter the certificate.

Summary Instructions

1. Read all information in this packet before completing the application.
2. The application information may be filled out online and printed or entered by hand. If entering the information by hand, use blue or black ink and make sure the information is neat and can be read.
3. There is a fee of \$10.00 to process the application.
4. The application must be signed in the presence of a Notary Public.
5. Mail the application to:
IDAHO VITAL RECORDS
PO BOX 83720
BOISE, IDAHO 83720-0036

Legal authority

The Idaho legislature passed a law (Section 39-8206, Idaho Code) to enable parents of abandoned children to declare their parental rights and intent to support the child to the best of their ability and will not prosecute them for surrendering a child to an Idaho safe haven location.

Is there a fee?

A filing fee of \$10.00 is required and must be submitted with the application.

Who is eligible to register?

Parents of an abandoned child are eligible to register. If such parent fails to register a claim of parental rights, they have waived and surrendered any right in relation to the child.

How does the Registry work?

Registration should be done at any time before an order terminating parental rights is entered by the court. An entitled party may request a search to see if anyone has registered a claim of parental rights. The information provided on the registry form may be released to the entitled party.

Is all the information on the form required?

Yes. The form must be complete and signed in front of a Notary Public. The information provided on the registry form may be released to an entitled party requesting a search of the Abandoned Child Registry.

Who do I contact if I have more questions?

- healthandwelfare.idaho.gov/vitalrecords for forms and general ordering information
- ivrla@dhw.idaho.gov to email questions to the Bureau of Vital Records and Health Statistics
- 208-334-5980 once in the phone menu, select option 4
- Mail the application to:
IDAHO VITAL RECORDS
PO BOX 83720
BOISE, IDAHO 83720-0036



**STATE OF IDAHO ABANDONED CHILD REGISTRATION
 NOTICE OF CLAIM OF PARENTAL RIGHTS
 IDAHO CODE, SECTION 39-8206**

FOR OFFICE USE ONLY	
Registration #:	

CLAIMANT INFORMATION

I am the: MOTHER BIOLOGICAL FATHER

FIRST NAME:	MIDDLE NAME:	LAST NAME:	
DATE OF BIRTH:	STATE OF BIRTH:	SOCIAL SECURITY NUMBER:	
MAILING ADDRESS - STREET AND NUMBER OR PO BOX:			
MAILING ADDRESS - CITY:	MAILING ADDRESS - STATE:	MAILING ADDRESS - ZIP CODE:	
DAYTIME CONTACT PHONE NUMBER:		EMAIL ADDRESS:	

Is claimant a minor? Yes No If Yes, please provide parents mailing address and daytime contact phone number:

PARENTS MAILING ADDRESS - STREET AND NUMBER OR PO BOX:			
PARENTS MAILING ADDRESS - CITY:	PARENTS MAILING ADDRESS - STATE:	PARENTS MAILING ADDRESS - ZIP CODE:	
PARENTS DAYTIME CONTACT PHONE NUMBER:		PARENTS EMAIL ADDRESS:	

BIRTH INFORMATION

DATE OF BIRTH/DUE DATE:	STATE, CITY, COUNTY, OR LOCATION OF BIRTH (if known):		
-------------------------	---	--	--

MOTHER'S NAME:

FIRST NAME:	MIDDLE NAME:	LAST NAME:	LAST NAME BEFORE FIRST MARRIAGE:
-------------	--------------	------------	----------------------------------

BIOLOGICAL FATHER'S NAME:

FIRST NAME:	MIDDLE NAME:	LAST NAME:
-------------	--------------	------------

NAME USED BY CUSTODIAL PARENT:

FIRST NAME:	MIDDLE NAME:	LAST NAME:	LAST NAME BEFORE FIRST MARRIAGE:
-------------	--------------	------------	----------------------------------

LAST KNOWN MAILING ADDRESS OF CUSTODIAL PARENT:

CUSTODIAL PARENT MAILING ADDRESS - STREET AND NUMBER OR PO BOX:		
CUSTODIAL PARENT MAILING ADDRESS - CITY:	CUSTODIAL PARENT MAILING ADDRESS - STATE:	CUSTODIAL PARENT MAILING ADDRESS - ZIP CODE:

The custodial parent personally delivered a child no more than thirty (30) days of age to an Idaho "safe haven", located at _____ (if known), on or about ____/____/____ (MO/DAY/YR); with no intent to return for the child and has immunity from prosecution for abandonment.



**STATE OF IDAHO ABANDONED CHILD REGISTRATION
 NOTICE OF CLAIM OF PARENTAL RIGHTS
 IDAHO CODE, SECTION 39-8206**

STATEMENTS - read each item

Item 1.	I hereby register my notice of claim of parental rights of the above described child. These rights include my willingness and intent to support, and to establish a relationship with this child to the best of my ability. <i>I understand this will not alter or add my name to the birth certificate.</i> A check or money order payable to Idaho Vital Records for the current fee must accompany this notice. This fee covers only the cost of this registration procedure.
Item 2.	I acknowledge that my right to file a claim of parental rights under the Abandoned Child Registry shall not satisfy the requirements of the Putative Father Registry.
Item 3.	I acknowledge my right to file a claim of parental rights under the Putative Father Registry. Forms and information to register for this separate registry maintained by Idaho Vital Records are available at healthandwelfare.idaho.gov/vitalrecords
Item 4.	I acknowledge any Abandoned Child Registry or Putative Father Registry submitted <i>MUST</i> be filed before an order terminating parental rights is entered by the court. If I do <i>NOT</i> file a claim before parental rights are terminated, it could be assumed the child is abandoned and I have waived any right in relation to the child or notification of court proceedings about termination of parental rights or adoption of the child. See Idaho Code 16-1513 (d)

NOTARIZATION

I declare that I am the natural parent of a child whose information is listed on page 1 of this form and acknowledge I have read the above statements.

PARENT NAME:

PARENT SIGNATURE:

Subscribed and sworn before me this _____ day of _____, 20____

STATE OF:		(seal)
COUNTY OF:		
Notary Public Signature:		
My Commission expires:		
Residing at:		