

**Union County Surrogate  
2 Broad Street  
Elizabeth, New Jersey 07207**



Dear Sir/Madam:

Enclosed please find an Affidavit to Unseal File. Please state your reasons to open the file. For example, you need a copy of your Judgment of Adoption, medical information, or non-identifying background information, or you need to unseal an index to verify that an adoption occurred in Union County. Please also state why this information is needed. If you do not state the reason that you want a copy of your Judgment, the Judge will not unseal the file.

You need to sign the enclosed Affidavit in front of a Notary Public and return it to our office. The Judge will decide whether or not a file should be unsealed. New Jersey Statutes DO NOT allow the opening of sealed adoption records for anything other than the above stated reasons. Pursuant to N.J.S.A. 9:3-52, a sealed adoption record cannot be reviewed for information regarding the identity of the biological parents.

There is a \$10.00 fee to file in the Affidavit to Unseal File and Order to Unseal File and a \$6.00 fee for a copy of the Judgment of Adoption for a total of \$16.00. Please make check payable to "Union County Surrogate." Enclosing a check with your Affidavit will expedite the matter. If your adoption did not take place in Union County, your check will be returned to you. Please enclose a phone number that you can be reached at.

Please feel free to contact me at (908) 527-4278 or e-mail [sdiorio@ucnj.org](mailto:sdiorio@ucnj.org), if you have any questions.

Very truly yours,

JAMES S. LA CORTE, SURROGATE

Suzanne DiOrio, Special Deputy Surrogate

**BY THE COURT**

In The Matter Of The  
Adoption Of A Child By:

SUPERIOR COURT OF NEW JERSEY  
CHANCERY DIVISION, FAMILY PART  
UNION COUNTY  
CIVIL ACTION – AFFIDAVIT TO UNSEAL

\_\_\_\_\_

DOCKET# \_\_\_\_\_

STATE OF: NEW JERSEY

ADOPTEE'S NAME \_\_\_\_\_

COUNTY OF: UNION

DATE OF BIRTH \_\_\_\_\_

DATE OF ADOPTION \_\_\_\_\_

**(If known)**

I, \_\_\_\_\_

Residing at \_\_\_\_\_

Being duly sworn, depose and say:

1. I am the Affiant in the above action.
2. This affidavit is being submitted in support of my request that this Court unseal the records herein for the purpose of:

\_\_\_\_\_

3. I am aware that if any of the above is willfully false, I am subject to punishment.

\_\_\_\_\_  
(SIGNATURE)

SUBSCRIBED AND SWORN  
BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Suzanne DiOrio, Special Deputy Surrogate