

Circuit Court for _____ Case No. _____
City or County

Name _____

Name _____

VS.

Street Address Apt. # PO Box

Street Address Apt. # PO Box

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City State Zip Code Area Code Telephone

City State Zip Code Area Code Telephone

Petitioner

Respondent

**REQUEST FOR REGISTRATION OF A
FOREIGN CHILD CUSTODY DETERMINATION**
(DOM REL 79)

I, _____, representing myself, state that:
My name

I am the mother/father or _____
Circle One Relationship (for example, aunt, grandfather, guardian, etc.)

of the following minor child(ren) or adult disabled child(ren):

_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth
_____ Name	_____ Date of Birth	_____ Name	_____ Date of Birth

1. On _____ the _____ issued an
Date Name Of Court and State/Country
order in case number _____, governing the legal custody, physical custody or
Case No. of Original Case
visitation of the child(ren) listed above.

2. The following persons, in addition to myself, have been awarded custody and/or visitation of the minor child(ren) in this case:

_____ Name	_____ Name
_____ Address	_____ Address
_____ City State Zip Code	_____ City State Zip Code

FOR THESE REASONS, I request the Court register the child custody determination in accordance with Section 9.5-305 of the Family Law Article of the Maryland Code.

I affirm, under penalty of perjury, that the order which I am requesting be registered in Maryland has not been modified, to the best of my information, knowledge and belief.

Date Signature

**[YOU MUST ATTACH TWO COPIES OF THE FOREIGN ORDER,
ONE OF WHICH MUST BE CERTIFIED.]**