

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS
105 Nesbit, P. O. Box 1528, New Castle, PA 16103

SFN: _____
(For Vital Records Use Only)

REPORT OF ADOPTION

PART 1: ADOPTED CHILD'S INFORMATION FROM ORIGINAL BIRTH RECORD (Type or print in black ink)

- 1. Name of child BEFORE adoption: _____
(First) (Middle) (Last)
- 2. Name of biological birthing parent: _____
(First) (Middle) (Last Name prior to first marriage)
- 3. Name of other biological parent: _____
(First) (Middle) (Last Name prior to first marriage)

PART 2: CHILD'S BIRTH INFORMATION:

- 1. Date of Birth (mm/dd/yyyy): _____ Sex: _____ State File Number: _____
- 2. City, Borough or Township of Birth: _____ County of Birth: _____

PART 3: FULL NAME OF CHILD AFTER ADOPTION:

(First) (Middle) (Last) (Suffix)

PART 4: Complete information regarding the adoptive parents as of the time of adopted child's birth. If one of the parents is the biological parent of the child and already named on the child's birth record, check the option for "Biological Parent." This will ensure the parent's name is not removed from the post-adoption birth record.

ADOPTIVE PARENT'S INFORMATION

- 1. Check one: Parent Mother Father
- 2. Name _____
(First) (Middle) (Last-prior to first marriage) (Current Last)
- 3. Date of Birth (mm/dd/yyyy) _____
- 4. State or Country of Birth _____
- 5. Social Security # _____
- 6. Prior relationship to child:
 Biological Parent Step-parent
 Grandparent Other, specify _____

ADOPTIVE PARENT'S INFORMATION

- 7. Check one: Parent Mother Father
- 8. Name _____
(First) (Middle) (Last-prior to first marriage) (Current Last)
- 9. Date of Birth (mm/dd/yyyy) _____
- 10. State or Country of Birth _____
- 11. Social Security # _____
- 12. Prior relationship to child:
 Biological Parent Step-parent
 Grandparent Other, specify _____

11. Adoptive parents' mailing address at time of adoption:

Street _____ City _____
County _____ State _____ Zip Code _____ Telephone No. () _____

PART 5: Name and address of legal counsel or adoption agency, if applicable:

Name of Attorney/Agency _____ email: _____
Street _____
City _____ State _____ Zip Code _____ Telephone No. () _____

PART 6:

CERTIFICATION OF COUNTY CLERK

I HEREBY CERTIFY that the child described above was adopted as shown above on the _____ day of _____, and is now to bear the name of _____ as set forth in the decree of adoption made on that date, in Docket No. _____.

Is this based on a Foreign Decree? Yes No
Report sent to
Vital Records _____
(Date)

(SIGNED AND SEALED) _____
Clerk in and/or County of _____
Commonwealth of Pennsylvania