

Part I: TO IDENTIFY ORIGINAL BIRTH RECORD

- 1. Name of Child BEFORE adoption: *
- 2. Name of BIOLOGICAL father: *
- 3. Maiden name of BIOLOGICAL mother: *

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
VITAL RECORDS
CERTIFICATE OF ADOPTION

PART II:

4. PLACE OF BIRTH

(a) City, Borough or Township:

(b) County:

(c) State:

File No:

5. Full name of child:

6. Date of Birth:

AFTER adoption:

7. Sex:

Information concerning adoptive parents, AS OF THE TIME OF BIRTH

ADOPTIVE FATHER

ADOPTIVE MOTHER

8. Full name:

13. Full MAIDEN name:

9. Social Security #

14. Social Security #

10. Birthplace:

15. Birthplace:

11. Age (at time of birth):

16. Age (at time of birth):

12. Prior relationship to child:

17. Prior relationship to child:

Biological Father Stepfather

Biological Mother Stepmother

Grandfather Other

Grandmother Other

ADOPTIVE PARENTS' MAILING ADDRESS AS OF TIME OF ADOPTION Is this a single-parent adoption? Yes No

(a) Street Number:

(b) City:

(c) State:

(d) Zip Code:

Part III:

NAME AND ADDRESS OF ATTORNEY HANDLING THE ADOPTION:

(a) Telephone Number:

(b) Name:

(c) Street and Number:

(d) City:

(e) State:

(f) Zip Code:

CERTIFICATION OF COUNTY CLERK FILING ADOPTION PAPERS

Part IV:

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 Case No. _____.

Is this based on a Foreign Decree? Yes No

(SIGNED AND SEALED) _____

Report sent to
Vital Records _____

Dep. Clerk in and for County of ADAMS
Commonwealth of Pennsylvania