

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 _____
(month) (day) (yr.)
- 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: _____ |
| <input type="checkbox"/> Biological Father <input type="checkbox"/> Stepfather | <input type="checkbox"/> Biological Mother <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Grandfather <input type="checkbox"/> Other | <input type="checkbox"/> Grandmother <input type="checkbox"/> Other |

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

- (a) Street and 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 _____
(Date)

Clerk in and for County of _____
Commonwealth of Pennsylvania