

# COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES,  
OR ALTERATIONS

STATE FILE NUMBER \_\_\_\_\_

LOCAL REGISTRATION NUMBER \_\_\_\_\_

TYPE OR PRINT CLEARLY IN BLACK INK ONLY

**PART I**      **The information provided in this section must be the information as it was at birth. Without this data, it may be impossible to prepare a new Certificate of Birth.**

FACTS OF BIRTH	1A. NAME OF CHILD—FIRST		1B. MIDDLE	1C. LAST (BIRTH)	
	2. SEX	3. DATE OF BIRTH—MM/DD/CCYY	4. NAME OF PHYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON WHO ATTENDED THIS BIRTH)		
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY		5B. CITY	5C. STATE OR COUNTRY	
PARENTS' DATA	6A. FULL NAME OF PARENT—FIRST		6B. MIDDLE	6C. LAST (BIRTH)	6D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	7A. FULL NAME OF PARENT—FIRST		7B. MIDDLE	7C. LAST (BIRTH)	7D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT

**PART II**      **Adoptive parents must furnish personal information about themselves as it was on the child's date of birth. This information is used to prepare the new Certificate of Birth.**

PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>				
	8A. NAME OF PARENT—FIRST		8B. MIDDLE	8C. LAST (BIRTH)	8D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	9. STATE/FOREIGN COUNTRY OF BIRTH		10. DATE OF BIRTH—MM/DD/CCYY		
PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT <input type="checkbox"/> BIOLOGICAL PARENT <input type="checkbox"/>				
	11A. NAME OF PARENT—FIRST		11B. MIDDLE	11C. LAST (BIRTH)	11D. RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT
	12. STATE/FOREIGN COUNTRY OF BIRTH		13. DATE OF BIRTH—MM/DD/CCYY		
<p><b>14. PLEASE CHECK ONE</b></p> <p>I want the original birth certificate sealed, and a new birth certificate established. . . . . <input type="checkbox"/></p> <p>Pursuant to Health and Safety Code Section 102640, I choose not to have a new birth certificate established. . . . . <input type="checkbox"/></p>					
<p>15. Do you want the name and address of the hospital or other facility where the birth occurred omitted from the new birth certificate as provided for in Section 102645 of the Health and Safety Code? (PLEASE CHECK ONE)</p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>					
VERIFICATION OF PART II	16. SIGNATURE OF PARENT VERIFYING DATA IN PART II		17. MAILING ADDRESS OF PARENT VERIFYING DATA IN PART II		
AGENCY OR DEPARTMENT	18A. NAME OF AGENCY OR DEPARTMENT		18B. MAILING ADDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION		
ATTORNEY	19A. SIGNATURE AND PRINTED NAME OF ATTORNEY		19B. MAILING ADDRESS OF ATTORNEY		

**PART III**      **The court clerk must obtain as much information as is available to complete Parts I and II before completing Part III and forwarding the record and Court Order/Final Decree to the State Registrar as required by law.**

COURT CLERK	20. I HEREBY CERTIFY THAT THE INDIVIDUAL DESCRIBED ABOVE WAS ADOPTED BY THE ABOVE NAMED ADOPTIVE PARENTS ON THE _____ DAY OF _____, 20____, AS SET FORTH IN THE DECREE OF ADOPTION MADE ON THAT DATE IN CASE NUMBER _____				
	21A. NEW NAME AS SET FORTH IN THE DECREE OF ADOPTION - FIRST		21B. MIDDLE	21C. LAST	
	22. SIGNATURE AND SEAL OF COURT CLERK			BY:	
	23. CLERK IN AND FOR THE COUNTY OF:		24. DATE SIGNED—MM/DD/CCYY	25. DATE PETITION FOR ADOPTION FILED—MM/DD/CCYY	
NAME AND MAILING ADDRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	NAME			EMAIL ADDRESS	
	ADDRESS—Street and Number		CITY, STATE, ZIP CODE	DAYTIME TELEPHONE NUMBER (      )	

