## A L A B A M A REPORT OF ADOPTI ON

**INSTRUCTIONS:** Parts I and II of this report must be completed by the petitioners, their attorney, or the Court. If the child was placed by a licensed child-placing agency or the State Department of Human Resources, information about 1) the natural parents, 2) place of birth of the child, and 3) birth certificate number may be omitted. This information is to be furnished to the State Registrar by the agency which placed the child.

Within ten (10) days after the final decree of adoption has been made, the Clerk of the Court shall make his certification in Part III, affix his official seal, and forward this report with the final decree of adoption to the State Registrar, Center for Health Statistics, P. O. Box 5625, Montgomery, Alabama 36103-5625. If the child was born in Alabama a new certificate listing the child's new name and adoptive parents will be prepared. The fee to prepare this new birth certificate is \$25.00 payable to the Alabama State Board of Health. This fee also includes one certified copy of the new certificate. If the adopted child was not born in Alabama, the State Registrar will forward the certified copy of the final decree of adoption and the report of adoption to the proper official in the state of birth. The fee to forward the final decree of adoption and report of adoption to the proper official in the state of birth. To obtain a certified copy of this birth certificate, contact the state of birth.

PART I

PART II

## INFORMATION ABOUT CHILD (To Identify Original Birth Certificate)

NOTE: If the official birth certificate number is entered, the names of the father and mother may be omitted.

Full Name of Child at Birth First	Middle	La	st	Birth Certificate Number	
Place of Birth City–Town or Location		State and Country of Birth	Date	of Birth	Sex
Full Maiden Name of NATURAL Mother First	t	Middle		Last	
Full Name of LEGAL Father First	t	Middle		Last	

## **INFORMATION AFTER ADOPTION (For New Birth Certificate)**

Full Name of Child After Adoption	First	Middle La		Last	
FATHER — Full Name	First	Middle		Last	
Father's State of Birth (If not in U.S.A., name country)		Father's Date	of Birth		Father (Check One) Adoptive 🗌 Natural
MOTHER — Full Maiden Name First Last	Middle	Mother's Lega	al Name First	Middle	Last
Mother's Date of Birth	Mother's State of Bi	Mother's State of Birth (If not in U.S.A., name country) Mother's Usual Residence-State			I Residence-State
Mother's Residence — County	Mother's Residence — City or Town and Zip Code				
Mother's Residence — Street Address (If rural, give		,		Mother (Check One) Adoptive 🗌 Natural	
Mailing Address of Adoptive Parents				Phone Number	
Name and Full Address of Attorney Or Agency Representative		Phone Numbe	r	Title	

PART III

## **CERTIFICATION OF CLERK OF COURT** Must be properly signed, dated and sealed.

Name of Court	For City, County of				
I hereby certify that the adoption as set forth above was made final in this Court by decree dated					
and bearing No					
	Signature				
(Seal)	Title				
	Ву				

ADPH-HS-17/Rev. 10/2009