## A L A B A M A REPORT OF ADOPTION

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 is \$10.00 payable to the Alabama State Board of Health. To obtain a certified copy of this birth certificate, contact the state of birth.

## **PARTI**

## 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   | Middle Last   |                                  | Birth Certificate Number |   |  |
|---|--|---|----------------------------------|--------------------------|---|--|
| Place of Birth City-Town or Location  |  | State and Country of Birt                                     | h Date                           | of Birth                 | Sex   |  |
| Full Maiden Name of NATURAL Mother First  | Middle   |   | Last                             |                          |   |  |
| Full Name of LEGAL Father /Parent   | First  | Middle  |                                  | Last                     |   |  |
| PART II INFORMATION AFTER ADOPTION (For New Birth Certificate)  |  |   |                                  |                          |   |  |
| Full Name of Child After Adoption   | First  |   | e Last                           |                          |   |  |
| FATHER/PARENT — Full Name First Middle Last   |  |   |                                  |                          |   |  |
| ather/Parent State of Birth (If not in U.S.A., name country)  |  | Father/Pare   | Father/Parent Date of Birth      |                          | Father/Parent<br>(Check One)<br>Adoptive  Natural |  |
| MOTHER /PARENT Maiden Name First Middle   | Last Mother/Parent Legal Name First                                |   |                                  | M                        | iddle Last  |  |
| Mother/Parent Date of Birth   | Mother/Pa  | Mother/Parent State of Birth (If not in U.S.A., name country) |                                  |                          | Mother/Parent Usual Residence—State               |  |
| Mother/Parent Residence — County  | lence — County Mother/Parent Residence — City or Town and Zip Code |   |                                  |                          |   |  |
| Mother/Parent Residence — Street Address (If rural, give location)  |  |   | Limits (Specify Yes or No) (Chec |                          | Mother/Parent<br>(Check One)<br>Adoptive  Natural |  |
| Mailing Address of Adoptive Parents   |  |   | Phone Number                     |                          |   |  |
| Name and Full Address of Attorney Or Agency Representative  |  | Phone Numb  | Phone Number Title               |                          | at U  |  |
|   |  |   |                                  |                          |   |  |
| PART III CERTIFICATION OF CLERK OF COURT  Must be properly signed, dated and sealed.  |  |   |                                  |                          |   |  |
| Name of Court   |  | For City Co   | unty of                          |                          |   |  |
| 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. 10/2015                               |  |