

Report of Adoption

Instructions

1. All information requested on this form must be supplied before a new birth certificate can be completed.
2. The completed form should be signed and sealed by the Chancery Clerk.
3. Send to the address at the top of this form: (a) this completed form, and
 (b) certified copy of the decree, and
 (c) the filing fee of \$50.00
- ~~4. Attach a completed Form 913, (Medical and Social History).~~
- ~~5. Also, attach a signed and notarized Form 914 (Affidavit Prohibiting Disclosure of Identifying Information) or Form 915 (Affidavit Permitting Disclosure of Identifying Information), if furnished by adoption attorney.~~

Information on Attorney

1. Name Of Attorney
2. Street Address
3. City, State, Zip Code

Name of Child After Adoption

4. Child - Name (First)	(Middle)	(Last)
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Information About Adoptive Parents

5.A. Father - Name (First) (Middle) (Last)			5.B. Race	5.C. Date Of Birth	5.D. State Of Birth
6.A. Mother - Name (First) (Middle) (Maiden)			6.B. Race	6.C. Date Of Birth	6.D. State Of Birth
7.A. Residence - State	7.B. County	7.C. City Or Town	7.D. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	7.E. Street Or Number Or Rural Location	
8.A. Mailing Address - Street And Number Or Route And Box Number			8.B. City Or Town	8.C. State And Zip Code	
9.A. I Certify That The Personal Information Provided On This Certificate Is Correct. Signature Of Either Parent ▶				9.B. Date Signed (Month, Day, Year)	

Information Needed to Identify Original Birth Certificate

10. Child - Name (First) (Middle) (Last)			11. State File Number
12. Sex	13. Date Of Birth (Month, Day, Year)	14. County Of Birth	15. Filing Date (Month, Day, Year)
16. Natural Father - Name (First) (Middle) (Last)			
17. Natural Mother - Name (First) (Middle) (Last)			

Certificate of Clerk of Chancery Court

18. County	19. Order Number	<i>Seal</i>
20. Judge		
21. Chancery Clerk		