

# ADOPTION INFORMATION OR LEGAL PARENT INFORMATION SHEET

THIS IS A PERMANENT RECORD - PLEASE TYPE OR PRINT ONLY

<b>PART I</b>	<b>PLEASE FURNISH INFORMATION AS TAKEN FROM ORIGINAL BIRTH RECORD. THIS INFORMATION IS NECESSARY TO LOCATE THE ORIGINAL BIRTH CERTIFICATE.</b>					
<b>FACTS OF BIRTH</b>	1. NAME OF CHILD – FIRST MIDDLE NAME LAST NAME			1A. SEX		
	2. DATE OF BIRTH		3. NAME OF PHYSICIAN, IF KNOWN			
	4A. PLACE OF BIRTH - HOSPITAL		4B. CITY		4C. STATE (if not in U.S.A., name country)	
<b>NATURAL PARENTS' DATA</b>	5. NAME OF MOTHER – FIRST MIDDLE NAME MAIDEN NAME LAST NAME			6. U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	7. NAME OF FATHER – FIRST MIDDLE NAME LAST NAME			8. U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PRIOR ADOPTION</b>	9. WAS THE CHILD LISTED ABOVE PREVIOUSLY ADOPTED IN THE UNITED STATES? <input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, PLEASE COMPLETE ITEM #10 AND ATTACH INFORMATION ABOUT CHANGE OF NAME.			10. STATE/COUNTY OF ADOPTION:		
<b>PART II</b>	<b>PLEASE ENTER INFORMATION BELOW AS IT IS TO APPEAR ON THE NEW BIRTH RECORD If any information is left blank, it will be blank on the birth certificate. All information requested below MUST be provided or a new birth certificate cannot be completed for filing.</b>					
<b>MOTHER</b>  <input type="checkbox"/> Adoptive <input type="checkbox"/> Natural (check one)	11. NAME OF MOTHER – FIRST MIDDLE NAME MAIDEN NAME LAST NAME					
	12. DATE OF BIRTH		13. STATE OF BIRTH (if not in U.S.A., name country)		14. SOCIAL SECURITY NUMBER	
	15. MOTHER'S RESIDENCE AT TIME OF CHILD'S BIRTH:		15A. RESIDENCE STREET ADDRESS			
	15B. STATE (if not in U.S.A., name country)		15C. COUNTY	15D. CITY	15E. ZIP CODE	15F. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FATHER</b>  <input type="checkbox"/> Adoptive <input type="checkbox"/> Natural (check one)	16. NAME OF FATHER – FIRST MIDDLE NAME LAST NAME					
	17. DATE OF BIRTH		18. STATE OF BIRTH (if not in U.S.A., name country)		19. SOCIAL SECURITY NUMBER	
	20A. IF ADOPTIVE PERSON IS AN ADULT, IS NEW BIRTH RECORD TO BE ISSUED? <input type="checkbox"/> Yes <input type="checkbox"/> No		20B. IS THIS A STEP-PARENT ADOPTION? <input type="checkbox"/> Yes <input type="checkbox"/> No		20C. IS THIS A SINGLE-PARENT ADOPTION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	21. NAME OF CHILD – FIRST MIDDLE NAME LAST NAME FOLLOWING ADOPTION					
<b>AGENCY</b>	22. AGENCY OR PERSON THROUGH WHICH CHILD WAS OBTAINED					
<b>ATTORNEY</b>	23A. NAME (PRINT OR TYPE)		23B. MAILING ADDRESS (ZIP CODE)		23C. TELEPHONE	
	24A. CURRENT MAILING ADDRESS				24B. TELEPHONE	
<b>ADOPTIVE PARENTS</b>	25. SIGNATURE OF PERSON COMPLETING THIS FORM			TITLE	PHONE NUMBER ( )	

**MAIL TO: CENTER FOR HEALTH STATISTICS  
P.O. BOX 14050  
PORTLAND, OREGON 97293-0050**