

**CERTIFICATE OF ADOPTION STATE OF NEW MEXICO**

Public Health Division of New Mexico Vital Records and Health Statistics

*This is a Legal Document. Print or Type in Permanent Black Ink.*

*No "WHITE OUT" or Alterations are Acceptable*

**PART 1: The adopting parents must furnish this information so that a supplementary birth certificate showing their names and the child's new name can be prepared**

**PARENT'S VERIFICATION** We  Do  Do Not want the old certificate revised

**Father or Parent 1**  Natural  Adoptive

**1** Name- first, middle, last: **2** State or country of birth: **3** Date of birth- mo, day, yr:

**4** Race:  Native American  Black  White  Other (Specify) **5** If Hispanic, specify:  Cuban  Mexican  Spanish  Puerto Rican  Other (Specify) **6** If Native American, Specify Tribe:

**Mother or Parent 2**  Natural  Adoptive

**7** Birth Name- First, Middle, Last: **8** State or country of birth: **9** Date of birth- mo, day, yr:

**10** Race:  Native American  Black  White  Other (Specify) **11** If Hispanic, specify:  Cuban  Mexican  Spanish  Puerto Rican  Other (Specify) **12** If Native American, Specify Tribe:

**13** Residence at the time of child's birth: Street address or R.F.D.:  
City, Town or Location: Country: State & Zip Code:

**14** I certify the above information is correct: Signature: Date: **15** Current address- include zip code:

**Part 2: The investigative agency or the attorney for the petitioners must complete this part, which will be used to locate and identify the original birth certificate. All items must be filled in except when mother is unmarried and name of father (Item 23) is unknown**

**IDENTIFICATION OF CHILD AND PLACE OF BIRTH (Or if child previously adopted, adoptive name)**

**16** Name of child at birth- First, Middle, Last: **17** Sex: **18** Date of birth- mo, day, yr

**19** Race:  Native American  Black  White  Other (Specify) **20** If Hispanic, specify:  Cuban  Mexican  Spanish  Puerto Rican  Other (Specify) **21** If Native American, Specify Tribe:

**22** Residence at the time of child's birth: Street address or R.F.D.:  
City, Town or Location: Country: State & Zip Code:

**NATURAL PARENTS (or if child previously adopted, name of adoptive parents)**

**23** NAME of FATHER- First, Middle, Last: **24** MAIDEN NAME of MOTHER- First, Middle, Last

**DATA FOR STATISTICAL USE**

**25** Is this a relative adoption?  No  Yes- Specify: **26** Is this a stepparent adoption?  Yes  No **27** If "No" how was this child obtained? Specify:

**INVESTIGATIVE AGENCY**

**28** Agency - Name and address **29** Investigator- Signature and date

**ATTORNEY OF RECORD**

**30** Attorney- Name and address **31** Attorney- Signature and date Telephone no.

**PART 3: When the final order of adoption is granted, the Clerk of District Court must complete the following entry, affix his signature and seal, and forward the report to CYFD/Social services Division, Children's Bureau, Placement Services, P.O. Drawer 5160, PERA-Bldg. Room 252, Santa Fe, NM 87502-5160**

**CERTIFICATION OF CLERK OF COURT**

**32** A final order of adoption was granted in the District Court of this State on:  
Date: in court case no. Judge Presiding

**33** The name of the child as set forth in the adoption order shall be:  
First: Middle: Last:

**34** Clerk of court (impressed court seal here) **35** Date signed **36** Clerk for county of

**VITAL RECORDS (For State Registrar's Use)- No "WHITE OUTS" Are Acceptable**

**37** Date rec'd in State Office **38** Certificate Number **39** Registrar's signature **40** Date sent to state of birth

**Note: IN ORDER TO OBTAIN A CERTIFIED COPY OF THE CHILD'S REVISED BIRTH CERTIFICATE:** A. Child born in New Mexico: Send completed form along with a check or money order to cover the following:  
**REQUIRED:** \$10.00 Fee for revision of original record  
**\*Optional:** \$10.00 Fee per certified copy of revised birth certificate  
**Child born outside New Mexico:** Send no money now. Certificate of adoption will be forwarded to the child's state of birth.