

# CERTIFICATE OF ADOPTION

STATE ADOPTION  
FILE NUMBER


TYPE OR PRINT ALL INFORMATION IN BLACK OR BLUE-BLACK PERMANENT INK

**PARTS I AND II** OF THIS CERTIFICATE ARE TO BE COMPLETED BY THE PETITIONER, ATTORNEY FOR THE PETITIONER, OR THE CHILD-PLACING AGENCY REPRESENTATIVE (AS APPLICABLE) AND FILED ALONG WITH THE PETITION OR DECREE. WHEN THE FINAL ORDER OF ADOPTION HAS BEEN DECREED, THE CLERK OF COURT SHALL COMPLETE THE CERTIFICATION INFORMATION BELOW IN **PART III**. THE CLERK SHALL AFFIX THE SEAL OF COURT, SIGN THE CERTIFICATION AND FORWARD THIS CERTIFICATE TO: **VITAL RECORDS SERVICE, 2600 SKYLAND DRIVE N.E., ATLANTA, GEORGIA 30319-3640.**


## PART I - BEFORE ADOPTION

NAME OF CHILD AT BIRTH (FIRST, MIDDLE, LAST) 1.		SEX 2.	ORIGINAL BIRTH CERTIFICATE NO. 3.
DATE OF BIRTH (MO., DAY, YR.) 4.	PLACE OF BIRTH (CITY, COUNTY, STATE) 5.		
MAIDEN NAME OF NATURAL MOTHER (FIRST, MIDDLE, LAST) 6.		NAME OF NATURAL FATHER (FIRST, MIDDLE, LAST) 7.	

## PART II - AFTER ADOPTION - INFORMATION FOR NEW BIRTH CERTIFICATE

NAME OF CHILD AFTER ADOPTION (FIRST, MIDDLE, LAST) 8.			
MAIDEN NAME OF MOTHER (FIRST, MIDDLE, LAST) 9a.		MOTHER (CHECK ONE) 9b. <input type="checkbox"/> ADOPTIVE <input type="checkbox"/> NATURAL	
MOTHER - DATE OF BIRTH (MO., DAY, YR.) 9c.	MOTHER - PLACE OF BIRTH (STATE OR COUNTRY) 9d.	CITIZEN OF US? 9e. <input type="checkbox"/> Yes <input type="checkbox"/> No	
RESIDENCE OF ADOPTIVE MOTHER AT TIME OF CHILD'S BIRTH (STREET OR R.F.D. NO., CITY, TOWN, STATE, ZIP) 9f.			
COMPLETE NAME OF FATHER (FIRST, MIDDLE, LAST) 10a.		FATHER (CHECK ONE) 10b. <input type="checkbox"/> ADOPTIVE <input type="checkbox"/> NATURAL	
FATHER - DATE OF BIRTH (MO., DAY, YR.) 10c.	FATHER - PLACE OF BIRTH (STATE OR COUNTRY) 10d.	CITIZEN OF US? 10e. <input type="checkbox"/> Yes <input type="checkbox"/> No	
CURRENT ADDRESS OF ADOPTIVE PARENTS (STREET OR R.F.D. NO., CITY, TOWN, STATE, ZIP) 11.			
A NEW BIRTH CERTIFICATE IN THE ADOPTED CHILD'S NEW NAME WHICH SHOWS THE ADOPTIVE PARENT'S NAMES WILL BE PREPARED UNLESS THIS BOX IS CHECKED. 12. <input type="checkbox"/>			
SIGNATURE OF INFORMANT 13a. 		TITLE OF INFORMANT 13b.	
TYPE OR PRINT ATTORNEY'S NAME 13c.			
TYPE OR PRINT ATTORNEY'S ADDRESS (STREET OR R.F.D. NO., CITY, TOWN, STATE, ZIP) 13d.			

## PART III - CERTIFICATION INFORMATION

DATE DECREE ENTERED (MO., DAY, YR.) 14.	COURT FILE NO. 15.	COUNTY OF COURT 16.
THE PLACE OF BIRTH SHALL BE AS INDICATED ON THE FINAL DECREE OF ADOPTION. 17. (CITY) (COUNTY)		I HEREBY CERTIFY THAT THE FINAL DECREE OF ADOPTION CONCERNING THE ABOVE NAMED PERSONS WAS ENTERED IN THIS COURT. 18.  (SIGNATURE OF CLERK) (PLACE SEAL OVER SIGNATURE)