

# COMMONWEALTH OF VIRGINIA - REPORT OF ADOPTION

## Department of Health - Division of Vital Records - Richmond

### INSTRUCTIONS:

Parts I and II of this report are to be completed by the petitioner, attorney for the petitioner, or the child-placing agency representative (if applicable) and filed with the petition or decree. When the final order of adoption has been entered, or the requirements for the foreign adoption has been met, the clerk of court shall enter his certification in Part III, affix the seal of his court, sign, and forward the report to the Division of Vital Records. If the child was born in another state or foreign country, the Division will forward the report to the proper office. Note: All data furnished below is in conformity with Virginia Law. It is confidential and used only for preparation of a new birth certificate and for statistical purposes. There is a \$10.00 administrative fee to establish the new birth certificate. Reference: Section 32.1 - 262 and Section 63.2-1220 Code of Virginia.

<b>PART I</b> <small>Note: If name of child, date and place of birth and birth certificate number are entered, the names of natural parents may be omitted</small>	INFORMATION ABOUT CHILD BEFORE ADOPTION:		
	NAME OF CHILD AT BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTH CERTIFICATE NO. (if known)
	DATE OF BIRTH	PLACE OF BIRTH	
	MAIDEN NAME OF NATURAL MOTHER	NAME OF NATURAL FATHER	

<b>PART II</b> <small>All items in Part II must be complete in order that new birth certificate may show all essential data</small>	INFORMATION AFTER ADOPTION			
	FULL NAME OF CHILD AFTER ADOPTION			
	<b>FATHER</b> Adoptive <input type="checkbox"/>  Natural <input type="checkbox"/>  (Check one of the above.)	FULL NAME	COLOR OR RACE	
		PLACE OF BIRTH (state or country)	DATE OF BIRTH	
	(Check one of the above.)	EDUCATION SPECIFY HIGHEST GRADE COMPLETED	ELEMENTARY 0, 1,2 TO 8	HIGH SCHOOL 1,2,3 OR 4
		USUAL OCCUPATION	COLLEGE 1 TO 4 OR 5+	
	<b>MOTHER</b> Adoptive <input type="checkbox"/>  Natural <input type="checkbox"/>  (Check one of the above.)	FULL MAIDEN NAME	COLOR OR RACE	
		PLACE OF BIRTH (state or country)	DATE OF BIRTH	
	(Check one of the above.)	EDUCATION SPECIFY HIGHEST GRADE COMPLETED	ELEMENTARY 0, 1,2 TO 8	HIGH SCHOOL 1,2,3 OR 4
		NUMBER OF DELIVERIES TO ADOPTIVE MOTHER PRIOR TO BIRTH OF ADOPTED CHILD. INCLUDE OTHER ADOPTED CHILDREN	BORN ALIVE NOW LIVING _____	BORN ALIVE NOW DEAD _____
		RESIDENCE OF ADOPTIVE MOTHER AT TIME OF CHILD'S BIRTH		(State) _____
	PRESENT ADDRESS OF ADOPTIVE PARENTS		(Street Address or rural route)	(City or Town) _____ (State) _____ (Zip Code) _____
	A NEW BIRTH CERTIFICATE IN THE ADOPTED CHILD'S NEW NAME WHICH SHOWS ADOPTIVE PARENTS' NAMES WILL BE PREPARED UNLESS THIS BOX IS CHECKED. <input type="checkbox"/>		IF THE CHILD WAS BORN IN VIRGINIA AND A CERTIFIED COPY OF THE BIRTH CERTIFICATE IS DESIRED FORWARD APPLICATION and FEE OF \$12.00 WITH THIS REPORT.	
	SIGNATURE OF INFORMANT		CHECK ONE: PETITIONER <input type="checkbox"/> ATTORNEY FOR PETITIONER <input type="checkbox"/> AGENCY REPRESENTATIVE <input type="checkbox"/>	
	TYPE OR PRINT NAME AND ADDRESS OF INFORMANT			

<b>PART III</b> <small>Application for certified copy of the new birth certificate and fee may be attached to this form and forwarded to Division if the birth occurred in Virginia</small>	CERTIFICATION OF CLERK OF COURT <input type="checkbox"/> FOREIGN BIRTH ADOPTION I HEREBY CERTIFY THAT THE <input type="checkbox"/> FINAL ORDER OF ADOPTION IN THE ABOVE MATTER WAS ENTERED IN THIS COURT ON _____ AND WAS NUMBERED _____ _____ (date) _____ (court file no.)		
(SEAL)	SIGNATURE OF CLERK		FOR CITY OR COUNTY OF _____
	NAME OF COURT		