

ALABAMA REPORT OF ADOPTION

INSTRUCTIONS: Parts I and II of this report must be completed by the petitioners, their attorney, or the Court.

Within ten (10) days after the final decree of adoption has been made, the Clerk of the Court shall make this certification in Part III, affix his official seal, and forward this report with the final decree of adoption to the State Registrar, Center for Health Statistics, P. O. Box 5625, Montgomery, Alabama 36103-5625. If the child was born in Alabama, a new certificate listing the child's new name and adoptive parents will be prepared. The fee to prepare this new birth certificate is \$25.00 payable to the Alabama State Board of Health. This fee also includes one certified copy of the new certificate. If the adopted child was not born in Alabama, the State Registrar will forward the certified copy of the final decree of adoption and the report of adoption to the proper official in the state of birth. The fee to forward the final decree of adoption and report of adoption to the proper official in the state of birth is \$10.00 payable to the Alabama State Board of Health. To obtain a certified copy of this birth certificate, contact the state of birth.

PART I INFORMATION ABOUT CHILD (To Identify Original Birth Certificate)

Full Name of Child at Birth	First	Middle	Last	Birth Certificate Number (If Known)
Place of Birth	City-Town Location		State and Country of Birth	Date of Birth
Sex				
Full Maiden Name of NATURAL Mother	First	Middle	Last	Race
Full Name of LEGAL Father	First	Middle	Last	Race

PART II INFORMATION AFTER ADOPTION (For New Birth Certificate)

Full Name of Child After Adoption	First	Middle	Last	
FATHER – Full Name	First	Middle	Last	Race
Father's State of Birth (if not in USA, name Country)	Father's Date of Birth			Father (check one) Adoptive <input type="checkbox"/> Natural <input type="checkbox"/>
MOTHER – Maiden Last Name	Mother's Legal Name	First	Middle	Last
Race				
Mother's Date of Birth	Mother's State of Birth (if not in USA, name Country)		Mother's Usual Residence – State	
Mother's Residence – County	Mother's Residence – City or Town and Zip Code			
Mother's Residence – Street Address (if rural, give location)	Mother's Residence – Inside City Limits (Specify Yes or Not)			Mother (check one) Adoptive <input type="checkbox"/> Natural <input type="checkbox"/>
Mailing Address of Adoptive Parents				
Name and Full Address of Attorney Or Agency Representative			Phone Number	Title
				Attorney

PART III CERTIFICATION OF CLERK OF COURT

Must be properly signed, dated and sealed.

Name of Court	<u>Probate Court</u>	For City, County of	<u>Decatur, Morgan</u>
I hereby certify that the adoption as set forth above was made final in this Court by decree dated _____			
and bearing No. _____ .			
	Signature	_____	
(Seal)	Title	_____	
	By	_____	