A L A B A M A REPORT OF ADOPTION

INSTRUCTIONS: Parts I and II of this report must be completed by the petitioners, their attorney, or the Court. If the child was placed by a licensed childplacing agency or the State Department of Human Resources, information about 1) the natural parents, 2) place of birth of the child, and 3) birth certificate number may be omitted. This information is to be furnished to the State Registrar by the agency which placed the child.

Within ten (10) days after the final decree of adoption has been made, the Clerk of the Court shall make his 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 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.

INFORMATION ABOUT CHILD (To Identify Original Birth Certificate)

NOTE: If the official birth certificate number is entered, the names of the father and mother may be omitted.

Full Name of Child at Birth First	Middle Last	Birth Certificate Number	
Place of Birth City–Town or Location	State and Country of Birth	Date of Birth Si	ex
Full Maiden Name of NATURAL Mother First	Middle	Last	
Full Name of LEGAL Father /Parent Fi	rst Middle	Last	

INFORMATION AFTER ADOPTION (For New Birth Certificate)

Full Name of Child After Adoption F	irsl	Middle		Last	
FATHER/PARENT — Full Name	First		Middle		Last
Father/Parent State of Birth (If not in U.S.A., name country)		Father/Parent	Date of Birth		Father/Parent (Check One) Adoptive 🗌 Natural
MOTHER /PARENT Maiden Name First Middle	Last	Mother/Parent	Legal Name Firs	t Mi	ddie Last
Mother/Parent Date of Birth	Mother/Parent Stat	te of Birth (If not in	U.S.A., name countr	y) Mother/Parent	Usual Residence—State
Mother/Parent Residence — County	Mother/Parent Residence — City or Town and Zip Code				
Mother/Parent Residence — Street Address (If rural, give location)			Limits (Specify Yes or No) (Cl		Mother/Parent (Check One) Adoptive 🗌 Naturał 🗌
Mailing Address of Adoptive Parents			L	Phone Number	
Name and Full Address of Attorney Or Agency Represe	intative	Phone Numbe	r 20	Title	

PART III

PART I

PART II

CERTIFICATION OF CLERK OF COURT Must be properly signed, dated and sealed.

For City, County of	
as made final in this Court by decree dated	
Signature	
Title	
Ву	_
	as made final in this Court by decree dated

ADPH-HS-17/Rev. 10/2015