

STATE OF NEW JERSEY

REPORT OF ADOPTION

INSTRUCTIONS: This form should be completed by either the attorney representing the adoptive parent(s) or the adoption agency having custody of the child. Completion of the adoptive parent(s) information must occur PRIOR to completing information on the infant and natural parents in order to be in compliance with N.J.A.C. 121A-3.7(j)2, which restricts the disclosure of identifying information on the child and the birth parents.

| INFORMATION FROM ORIGINAL BIRTH CERTIFICATE | | | | |
|---|--|---------------|-----|---|
| Infant | Name - First Middle Last | | | |
| | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | | Birthplace-City, County, and State (or Country, if not USA) |
| | | Mo. | Day | |
| Biological <input type="checkbox"/> Mother <input type="checkbox"/> Parent A | Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i> | | | |
| Biological <input type="checkbox"/> Father <input type="checkbox"/> Parent B | Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i> | | | |

| INFORMATION FOR BIRTH RECORD FOLLOWING ADOPTION | | | | | |
|--|--|-------------------------|-------------------------|---------------------------|---------------------|
| Infant | Name by Adoption - First Middle Last | | | | |
| | Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i> | | | Social Security Number | |
| Adopting: <input type="checkbox"/> Mother <input type="checkbox"/> Parent A | Current Name, if Different (First, Middle, Last) | | | Race | |
| | Age at Birth of Infant | Date of Birth | | State or Country of Birth | Domestic Status |
| | | Mo. | Day | | |
| | Residence at Time of Infant's Birth | | City | County | State |
| | Present Address - Street and Number | | City, Township, or Boro | County | State Zip Code |
| Adopting: <input type="checkbox"/> Father <input type="checkbox"/> Parent B | Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i> | | | Social Security Number | |
| | Current Name, if Different (First, Middle, Last) | | | Race | |
| | Age at Birth of Infant | Date of Birth | | State or Country of Birth | Domestic Status |
| | | Mo. | Day | | |
| | Residence at Time of Infant's Birth | | City | County | State |
| Present Address - Street and Number | | City, Township, or Boro | County | State Zip Code | |

| ATTORNEY | |
|--|--|
| Name of Attorney (First, Middle, Last) | Telephone No. (Include Area Code) () |
| Firm Name | |
| Mailing Address | City State Zip Code |

| CLERK OF THE COURT | |
|--|---|
| <p>CERTIFICATION:</p> <p style="text-align: center;"><i>SEAL OF THE COURT</i></p> <p>_____</p> <p style="text-align: center;"><i>(Adoption Docket Number)</i></p> | <p><i>I hereby certify that the child described above was adopted by the parents cited in this report on the _____ day of _____, 20____, as set forth in the decree made in the _____ Court of _____ New Jersey.</i></p> <p>_____</p> <p style="text-align: center;"><i>(Signature of the Surrogate of the Court)</i></p> <p>_____</p> <p style="text-align: center;"><i>(Date)</i></p> |

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| <p>This report must be accompanied by an original certified copy of the adoption decree. The fee for creating the new Birth Certificate by the State Registrar is \$2.00. A certified copy of the Birth Certificate can be ordered for \$25.00 and \$2.00 for each additional copy required. DO NOT SEND CASH!</p> | <p>MAIL TO: New Jersey Department of Health Vital Statistics - Record Modification Unit P. O. Box 370 Trenton, NJ 08625-0370</p> |
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