

**Part I: TO IDENTIFY ORIGINAL BIRTH RECORD**

- 1. Name of child BEFORE adoption \_\_\_\_\_
- 2. Name of BIOLOGICAL father \_\_\_\_\_
- 3. Maiden name of BIOLOGICAL mother \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HEALTH  
VITAL RECORDS  
**CERTIFICATE OF ADOPTION**

**Part II:**

- 4. PLACE OF BIRTH
  - (a) City, Borough or Township \_\_\_\_\_
  - (b) County \_\_\_\_\_ (c) State \_\_\_\_\_ File No. \_\_\_\_\_

- 5. Full name of child \_\_\_\_\_
- 6. Date of Birth \_\_\_\_\_  
(month) (day) (yr.)
- AFTER adoption \_\_\_\_\_
- 7. Sex \_\_\_\_\_

**Information concerning adoptive parents, AS OF THE TIME OF BIRTH**

**ADOPTIVE FATHER**

**ADOPTIVE MOTHER**

- |  |                                     |  |                                     |
|--|-------------------------------------|--|-------------------------------------|
| 8. Full name _____                         | 13. Full MAIDEN name _____          |  |                                     |
| 9. Social Security # _____                 | 14. Social Security # _____         |  |                                     |
| 10. Birthplace _____                       | 15. Birthplace _____                |  |                                     |
| 11. Age (at time of birth) _____           | 16. Age (at time of birth) _____    |  |                                     |
| 12. Prior relationship to child: _____     |                                     |  |                                     |
| 17. Prior relationship to child:           |                                     |  |                                     |
| <input type="checkbox"/> Biological Father | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Biological Mother | <input type="checkbox"/> Stepmother |
| <input type="checkbox"/> Grandfather       | <input type="checkbox"/> Other      | <input type="checkbox"/> Grandmother       | <input type="checkbox"/> Other      |

ADOPTIVE PARENTS' MAILING ADDRESS AS OF TIME OF ADOPTION Is this a single-parent adoption  Yes  No

- (a) Street and Number \_\_\_\_\_
- (b) City \_\_\_\_\_ (c) State \_\_\_\_\_ (d) Zip Code \_\_\_\_\_

**Part III:**

- NAME AND ADDRESS OF ATTORNEY HANDLING THE ADOPTION (a) Telephone Number ( ) \_\_\_\_\_
- (b) Name \_\_\_\_\_ (c) Street and Number \_\_\_\_\_
  - (d) City \_\_\_\_\_ (e) State \_\_\_\_\_ (f) Zip Code \_\_\_\_\_

**CERTIFICATION OF COUNTY CLERK FILING ADOPTION PAPERS**

**Part IV:**

I HEREBY CERTIFY that the child described above was adopted as shown above on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and is now to bear the name of \_\_\_\_\_ as set forth in the decree of adoption made on that date, in Case No. \_\_\_\_\_

Is this based on a Foreign Decree?  Yes  No

(SIGNED AND SEALED) \_\_\_\_\_

Report sent to  
Vital Records \_\_\_\_\_  
(Date)

Clerk in and for County of \_\_\_\_\_  
Commonwealth of Pennsylvania