Court Report of Adoption

No Erasures, Whiteouts, Photocopies, or Alterations

Type or Print Clearly in Black Ink Only

Part I **The information provided in this section must be the information as it was at birth. Without this information, it may be impossible to prepare a new Certificate of Birth.**

Facts of Birth	1A. Name of Child-First		1B. Middle		1C. Last (Birth)
	2. Sex	3. Date of Birth-MM/DD/CCYY	4. Name of Physician, Attendant, or Certifier		
	5A. Place of Birth-Name of Hospital or Facility		5B. City		5C. State/Country
Parents' Data	6A. Full Name of Parent – First		6B. Middle		6C. Last (Birth)
	Relationship: ☐ Mother ☐ Father ☐ Parent				
	7A. Full Name of Parent – First		7B. Middle		7C. Last (Birth)
	Relationship: ☐ Mother ☐ Father ☐ Parent				

Part II **Adoptive parents must furnish personal information about themselves as it was on the child's date of birth. This information is used to prepare the new Certificate of Birth.**

Parent Information	8A. Name of Parent-First	8B. Middle	8C. Last (Current)
	8D. Last (Birth)	9. State/Country of Birth	10. Date of Birth-MM/DD/CCYY
	Check the Appropriate Box: ☐ Adoptive Parent ☐ Biological Parent		
	Relationship: ☐ Mother ☐ Father ☐ Parent		
Parent Information	11A. Name of Parent-First	11B. Middle	11C. Last (Current)
	11D. Last (Birth)	12. State/Country of Birth	13. Date of Birth-MM/DD/CCYY
	Check the Appropriate Box: ☐ Adoptive Parent ☐ Biological Parent		
	Relationship: ☐ Mother ☐ Father ☐ Parent		

14. Please check one.

I want the original birth certificate sealed, and a new birth certificate established. ☐

I choose not to have a new birth certificate established, pursuant to Health and Safety Code Section 102640. ☐

15. Do you want the name and address of the hospital or other facility where the birth occurred omitted from the new birth certificate as provided for in Health and Safety Code Section 102645? (Please check one.)

Yes ☐ No ☐

Verification of Part II	16. Signature of Parent Verifying Part II	17. Mailing Address of Parent Verifying Part II	
Agency or Department	18A. Name of Agency/Department		
	18B. Mailing Address of Agency/Department that Assisted in the Adoption		
Attorney	19A. Name of Attorney	19B. Signature of Attorney	
	19C. Mailing Address of Attorney that Assisted in the Adoption		

Part III **The court clerk must obtain as much information as is available to complete Part I and II before completing Part III and forwarding the report and Court Order/Final Decree to the State Registrar as required by law.**

Court Clerk	20. I hereby certify that the individual described above was adopted by the above name adoptive parents on the _____ day of _____, 20____, as set forth in the decree of adoption made on that date in case number _____.		
	21A. New Name Per Adoption-First	21B. Middle	21C. Last
	22A. Signature and Seal of Court Clerk		
	By:	23. Clerk in and for the County of:	
	24. Date Signed - MM/DD/CCYY	25. Adoption Petition Filed - MM/DD/CCYY	
Recipient's Name and Mailing Address	Name	Email Address	
	Address - Street and Number	City, State, Zip code	Daytime Phone Number