

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS
105 Nesbitt Road., P. O. Box 1528, New Castle, PA 16105

SFN: \_\_\_\_\_
(For Vital Records Use Only)

CERTIFICATE OF ADOPTION OF A FOREIGN-BORN CHILD (Pursuant to 23 Pa. C.S. § 2908)
(See reverse side for instructions regarding child's citizenship and birth certificate)

PART 1: ADOPTED CHILD'S INFORMATION (Type or print in black ink)

- 1. As Listed on the Foreign Birth Certificate: (First) (Middle) (Last)
2. As it Appears on the Foreign Adoption Decree: (First) (Middle) (Last)
3. Full name of the adopted child to be known from this time forward is:
First Middle Last
Date of Birth Sex Country of Birth Registration #
(As listed on Child's U.S. Visa)

PART 2: Complete information as listed in the Petition to Register Foreign Adoption Decree or Petition for Adoption of a Foreign Born Child

ADOPTIVE PARENT'S INFORMATION

ADOPTIVE PARENT'S INFORMATION

- 1. Check one: Parent Mother Father
2. Name (First, Middle, Last)
3. Date of Birth (mm/dd/yyyy)
4. State or Country of Birth
5. Social Security #
6. U.S. Citizen? Yes No
7. Resident of Pennsylvania? Yes No
15. Check if applicable: Single adoptive parent

- 8. Check one: Parent Mother Father
9. Name (First, Middle, Last)
10. Date of Birth (mm/dd/yyyy)
11. State or Country of Birth
12. Social Security #
13. U.S. Citizen? Yes No
14. Resident of Pennsylvania? Yes No

16. Adoptive parents' address (as listed in the Petition to Register Foreign Adoption Decree or Petition for Adoption of a Foreign Born Child)

Street City
County State Zip Code Telephone No. ( )

PART 3: Name and address of legal counsel or adoption agency, if applicable:

Name of Attorney/Agency Street
City State Zip Code Telephone No. ( )
Email:

PART 4: CERTIFICATION OF COUNTY CLERK

State of County of Case Number Date of Decree

Full name of the adopted child as he/she is to be known from this time forward is:

I hereby certify that the child described above was adopted pursuant to 23 Pa. C.S. § 2908 by the parent(s) as shown above.

Signature of Clerk Date Signed

SEAL OF COURT

Report sent to Vital Records

(Date)