

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	Name (Maiden Name, if Female) - First		Middle	Last
Biological <input type="checkbox"/> Father <input type="checkbox"/> Parent B	Name (Maiden Name, if Female) - First		Middle	Last

INFORMATION FOR AMENDED BIRTH RECORD FOLLOWING ADOPTION					
Infant	Name by Adoption - First		Middle	Last	
Adopting: <input type="checkbox"/> Mother <input type="checkbox"/> Parent A	Name (Maiden Name, if Female) - First		Middle	Last	
	Present Name - First		Middle	Last	
	Age at Birth of Infant	Date of Birth		State or Country of Birth	
	Mo.	Day	Yr.		
	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	Name (Maiden Name, if Female)- First		Middle	Last	
	Present Name - First		Middle	Last	
	Age at Birth of Infant	Date of Birth		State or Country of Birth	
	Mo.	Day	Yr.		
	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;">SEAL OF THE COURT</p> <p>_____</p> <p style="text-align: center;">(Adoption Docket Number)</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;">(Signature of the Surrogate of the Court)</p> <p>_____</p> <p style="text-align: center;">(Date)</p>

<p>This report must be accompanied by an original certified copy of the adoption decree.</p> <p>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 and Senior Services Vital Statistics - Record Modification Unit P. O. Box 370 Trenton, NJ 08625-0370</p>
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