

**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) (year)
- 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 \_\_\_\_\_ Clerk in and for County of \_\_\_\_\_  
(Date) \_\_\_\_\_ Commonwealth of Pennsylvania