

REPORT OF ADOPTION

TO: Commissioner of Health
 New York State Department of Health
 Albany, New York 12237

1. Information on Original Certificate:

INFANT	1. NAME					FIRST	MIDDLE	LAST
	2. SEX		3. DATE OF BIRTH			4A. COUNTY (NYS) OF BIRTH	4B. TOWN OF BIRTH	4C. CITY OR VILLAGE OF BIRTH
	MALE	FEMALE	MONTH	DAY	YEAR			
	1 <input type="checkbox"/>	2 <input type="checkbox"/>						
MOTHER	5A. MAIDEN NAME					FIRST	MIDDLE	LAST
								5B. SOCIAL SECURITY NUMBER

2. Information for Amended Birth Record following Adoption:

INFANT	6. NAME BY ADOPTION					FIRST	MIDDLE	LAST
	7A. MAIDEN NAME		FIRST	MIDDLE	LAST	7B. AGE AT BIRTH OF INFANT	7C. STATE OF BIRTH (COUNTRY, IF NOT USA)	7D. SOCIAL SECURITY NO.
MOTHER	8A. RESIDENCE STATE		8B. COUNTY	8C. TOWN	8D. CITY OR VILLAGE	8E. WITHIN THE CORPORATE LIMITS?		8F. STREET AND NUMBER
						YES <input type="checkbox"/>	NO <input type="checkbox"/>	
ADOPTIVE PARENTS	9. MAILING ADDRESS FOR NOTICE OF BIRTH REGISTRATION (INCLUDE ZIP CODE)							
	10A. FATHER NAME		FIRST	MIDDLE	LAST	10B. AGE AT BIRTH OF INFANT	10C. STATE OF BIRTH (COUNTRY, IF NOT USA)	10D. SOCIAL SECURITY NO.

3. Attorney:

ATTORNEY	11A. NAME: FIRST MIDDLE LAST			11B. FIRM
	12. MAILING ADDRESS (INCLUDE ZIP CODE)			

4. Certification:

Pursuant to Section 254 of the Judiciary Law

I hereby certify that the child described, was adopted by the parents cited in this report on

SEAL OF THE COURT

the _____ day of _____

19 _____ as set forth in the decree made in the

_____ Court of _____

County, State of New York.

Signed: _____ Clerk of the Court Date _____