



SFN: (For Vital Records Use Only)

REPORT OF ADOPTION

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

1. Name of child BEFORE adoption: (First) (Middle) (Last)
2. Name of biological birthing parent: (First) (Middle) (Last Name prior to first marriage)
3. Name of other biological parent: (First) (Middle) (Last Name prior to first marriage)

PART 2: CHILD'S BIRTH INFORMATION:

1. Date of Birth (mm/dd/yyyy): Sex: State File Number:
2. City, Borough or Township of Birth: County of Birth:

PART 3: FULL NAME OF CHILD AFTER ADOPTION:

(First) (Middle) (Last) (Suffix)

PART 4: Complete information regarding the adoptive parents as of the time of adopted child's birth. ALL fields are required, do not leave any blank. If "Last-Prior to First Marriage" is the same as "Current Last", put it in both fields. If one of the parents is the biological parent of the child and already named on the child's birth record, check the option for "Biological Parent."

ADOPTIVE PARENT'S INFORMATION

1. Check one: Parent Mother Father
2. Name (First) (Middle) (Last-Prior to First Marriage) (Current Last)
3. Date of Birth (mm/dd/yyyy)
4. State or Country of Birth
5. Social Security #
6. Prior relationship to child: Biological Parent Step-parent Grandparent Other, specify

ADOPTIVE PARENT'S INFORMATION

7. Check one: Parent Mother Father
8. Name (First) (Middle) (Last-Prior to First Marriage) (Current Last)
9. Date of Birth (mm/dd/yyyy)
10. State or Country of Birth
11. Social Security #
12. Prior relationship to child: Biological Parent Step-parent Grandparent Other, specify

11. Adoptive parents' mailing address at time of adoption:

Street City
County State Zip Code Telephone No. ( )

PART 5: Name and address of legal counsel or adoption agency, if applicable:

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

PART 6:

CERTIFICATION OF COUNTY CLERK

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 Docket No.

Is this based on a Foreign Decree? Yes No (SIGNED AND SEALED)
Report sent to Vital Records Clerk in and/or County of Commonwealth of Pennsylvania
(Date)