

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

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. U.S. Citizen? ☐ Yes ☐ No
7. Resident of Pennsylvania? ☐ Yes ☐ No
15. Check if applicable: ☐ Single adoptive parent
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. (____) _____

ADOPTIVE PARENT'S INFORMATION

8. Check one: ☐ Parent ☐ Mother ☐ Father
9. Name _____
(First) (Middle) (Last-prior to first marriage) (Current 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

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 _____

SEAL OF COURT

Report sent to Vital Records _____
(Date)