HD01273F REV. 01/2011

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS
101 S. Mercer St., P. O. Box 1528, New Castle, PA 16103

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 as he/she is 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 FATHER'S INFORMATION

2. Father's Name (First, middle, last)
_____

3. Date of Birth_____ Age at time of child's birth _____

4. State or Country of Birth_____

5. Social Security #_____

6. Is father a U.S. Citizen? ☐ Yes ☐ No

7. Is father a resident of Pennsylvania? ☐ Yes ☐ No

ADOPTIVE MOTHER'S INFORMATION

8. Mother's MAIDEN Name (First, middle, maiden name)
_____

9. Date of Birth_____ Age at time of child's birth_____

10. State or Country of Birth_____

11. Social Security #_____

12. Is mother a U.S. Citizen? ☐ Yes ☐ No

13. Is mother a resident of Pennsylvania? ☐ Yes ☐ No

14. Check appropriate box if applicable: ☐ Single adoptive parent ☐ Adoptive parents of same gender

15. 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. (____)_____

PART 3: Name and address of legal counsel or adoption agency, if applicable:

Name of Attorney/Agency _____ Street_____

City_____ State_____ Zip Code _____ Telephone No. (____)_____

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_____ Date Signed_____

SEAL OF COURT

Report sent to Vital Records _____
(Date)

Print