STATE OF NEW JERSEY REPORT OF ADOPTION

*INSTRUCTIONS: This form should be completed by either the attorney representing the adoptive parent(s) or the adoption agency having custody of the child. Completion of the adoptive parent(s) information must occur PRIOR to completing information on the infant and natural parents in order to be in compliance with N.J.A.C. 121A-3.7(j)2, which restricts the disclosure of identifying information on the child and the birth parents.*

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| **INFORMATION FROM ORIGINAL BIRTH CERTIFICATE** | | | | | | | | | | | |
| **Infant** | Name - First Middle Last | | | | | | | | | | |
| Sex Male Female  Undesignated/Non-Binary | | Date of Birth | | | | | | Birthplace-City, County, and State (or Country, if not USA) | | |
| *Mo.* | | *Day* | | *Yr.* | |
|  | |  | |  | |
| **Biological**  **Mother**  **Parent A** | Full Name (First, Middle, Last) *(List name given at birth or on birth certificate)* | | | | | | | | | | |
| **Biological**  **Father**  **Parent B** | Full Name (First, Middle, Last) *(List name given at birth or on birth certificate)* | | | | | | | | | | |
| **INFORMATION FOR BIRTH RECORD FOLLOWING ADOPTION** | | | | | | | | | | | |
| **Infant** | Name by Adoption - First Middle Last | | | | | | | | | | |
| **Adopting:**  **Mother**  **Parent A** | Full Name (First, Middle, Last) *(List name given at birth or on birth certificate)* | | | | | | | | | | Social Security Number |
| Current Name, if Different (First. Middle, Last) | | | | | | | | | | Race |
| Age at Birth of Infant | Date of Birth | | | | | | State or Country of Birth | | | Domestic Status |
| *Mo.* | | *Day* | | *Yr.* | |
|  | |  | |  | |
| Residence at Time of Infant’s Birth City County State | | | | | | | | | | |
| Present Address - Street and Number City, Township, or Boro County State Zip Code | | | | | | | | | | |
| **Adopting:**  **Father**  **Parent B** | Full Name (First, Middle, Last) *(List name given at birth or on birth certificate)* | | | | | | | | | | Social Security Number |
| Current Name, if Different (First. Middle, Last) | | | | | | | | | | Race |
| Age at Birth of Infant | Date of Birth | | | | | | State or Country of Birth | | | Domestic Status |
| *Mo.* | | *Day* | | *Yr.* | |
|  | |  | |  | |
| Residence at Time of Infant’s Birth City County State | | | | | | | | | | |
| Present Address - Street and Number City, Township, or Boro County State Zip Code | | | | | | | | | | |
| **ATTORNEY** | | | | | | | | | | | |
| Name of Attorney (First, Middle, Last) | | | | | | | | | | Telephone No. (Include Area Code)  (  ) | |
| Firm Name | | | | | | | | | | | |
| Mailing Address City State Zip Code | | | | | | | | | | | |
| **CLERK OF THE COURT** | | | | | | | | | | | |
| CERTIFICATION:  *SEAL OF THE COURT*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Adoption Docket Number)* | | | | | | | *I hereby certify that the child described above was adopted by the parents cited*  *in this report on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_,*  *as set forth in the decree made in the*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Court of*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Jersey.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Signature of the Surrogate of the Court)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Date)* | | | | |

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| **This report must be accompanied by an original certified copy of the adoption decree.**  The fee for creating the new Birth Certificate by the State Registrar is $2.00. A certified copy of the Birth Certificate can be ordered for $25.00 and $2.00 for each additional copy required. **DO NOT SEND CASH!** | **MAIL TO:**  **New Jersey Department of Health**  **Vital Statistics - Record Modification Unit**  **P. O. Box 370**  **Trenton, NJ 08625-0370** |