

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

ADOPTIVE PARENT'S INFORMATION

1. Check one: [] Parent [] Mother [] Father
2. Name (First, Middle, Last)
(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
8. Check one: [] Parent [] Mother [] Father
9. Name (First, Middle, Last)
(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
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. (____) _____

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 _____ Date Signed _____
SEAL OF COURT Report sent to Vital Records _____ (Date)