ADOPTION INFORMATION

This form, properly and completely filled out, will furnish the Oklahoma State Department of Health with information necessary to file a new birth certificate following an adoption. A certified copy of the Certificate of Adoption or adoption decree must be attached. ***The certified copy will be kept by the State Department of Health in a sealed file and will not be returned.***

SECTION A: Current information on birth certificate

Name of child: _____

Date of birth: _____ **Place of birth:** _____

Name of Father: _____

Maiden Name of Mother:_____

SECTION B:

Child's Name afterAdoption_____

SECTION C: Parent Information after Adoption

○ **Father** ○ **Father I** ○ **Father II** ○ **Parent I** ○ **Parent II**

Full Current Legal Name: _____

Last Name Prior to 1st Marriage: _____

Date of Birth: _____ **Country/State of birth:** _____

○ **Mother** ○ **Mother I** ○ **Mother II** ○ **Parent I** ○ **Parent II**

Full Current Legal Name: _____

Last Name Prior to 1st Marriage: _____

Date of Birth: _____ **Country/State of birth:** _____

Physical address at time of Adoption: _____

State: _____ **County:** _____ **City:** _____ **Zip code:** _____

Inside City Limits: Yes: _____ **No:** _____

X

Signature/Title of person completing form **Date**