

# REPORT OF ADOPTION

**Do not post this form on any website or alter it in any way.**

**If the revision date on this form is over a year old, contact the State Vital Records Office to assure that you are using an acceptable version.**

- Type or print in BLACK INK. Do NOT use cross-outs, write-overs, erasures, correction fluid, or correction tape. If a mistake is made, prepare a new form.
- The clerk of court or deputy shall require the agency or attorney to complete Parts I-III and IV (if applicable) before the final decree of adoption is entered.
- The clerk of court or deputy completes Part V and VI and insures that the completed, signed and sealed report is sent to the State Registrar (if applicable).
- If you have questions regarding this form, call **608-267-7166**.

**PART I TYPE OF ADOPTION** (Check one.)  Stepfather  Stepmother  Single Mother  Single Father  Married Couple

**PART II CHILD'S NEW NAME AS SET FORTH IN DECREE**

FIRST NAME	COMPLETE MIDDLE NAME	LAST NAME	TITLE (e.g., Jr., I, II)
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**PART III INFORMATION ABOUT PARENTS AFTER CHILD'S ADOPTION**

<b>FATHER</b>	<b>FATHER'S FULL BIRTH NAME</b> (As It Appears On His Birth Certificate) <b>(MALE ONLY)</b>		
	First Name	Complete Middle Name	Birth Last Name (as it appears on his birth certificate)
	Date of Birth (Month / Day / Year)	State of Birth (If not in USA, name of country)	
<b>MOTHER</b>	<b>MOTHER'S FULL BIRTH NAME</b> (As It Appears On Her Birth Certificate) <b>(FEMALE ONLY)</b>		BIRTH DATE (Month / Day / Year)
	First Name	Complete Middle Name	Birth Last Name (as on her birth certificate)
	<b>MOTHER'S FULL CURRENT NAME</b>		STATE OF BIRTH (If not in U.S.A., name of country)
	First Name	Complete Middle Name	Current Last Name
<b>MOTHER'S RESIDENCE AT THE TIME OF THE CHILD'S BIRTH</b>			
State	County	Name of City, Village, or Township	Check one. <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village

<b>VERIFICATION OF ABOVE</b>	<b>SIGNATURE - Father</b> Verifying Above Data	<b>SIGNATURE - Mother</b> Verifying Above Data
	PRESENT COMPLETE MAILING ADDRESS OF ADOPTIVE PARENT(S) (Street Address / City / State / Zip Code)	

**PART IV BIRTH INFORMATION NEEDED TO LOCATE THE CURRENT BIRTH CERTIFICATE ON FILE**

<b>CHILD'S PERSONAL DATA</b>	CHILD'S FULL BIRTH NAME - First Name		Complete Middle Name	Birth Last Name (as on birth certificate)	Title	BIRTH DATE (Month / Day / Year)
	SEX (Check one.) <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE - City, Village, or Township		County	State (* See note in lower left.)	
<b>BIRTH PARENT'S DATA</b>	<b>BIRTH MOTHER'S FULL BIRTH NAME</b> (as it appears on the child's birth certificate)					
	First Name	Complete Middle Name		Birth Last Name		
<b>BIRTH FATHER'S FULL BIRTH NAME</b> (as it appears on the child's birth certificate)						
	First Name	Complete Middle Name		Birth Last Name	Title	

**PART V FEE AND MAILING INFORMATION** (Complete this section only if the report is to be filed in Wisconsin.\*)

- To file this Report of Adoption ..... \$ 20.00 20.00
  - One certified copy of the new birth certificate ..... \$ 20.00 \_\_\_\_\_
  - Each additional copy of the new birth certificate issued at the same time as the first copy ..... X \$ 3.00 \_\_\_\_\_
- No. of Copies **TOTAL** \_\_\_\_\_

Make check or money order payable to: **State of Wis. Vital Records**

Send this properly completed, signed, sealed form and a check or money order to: **State Vital Records Office / ATTN: Adoptions / P.O. Box 309 / Madison, WI 53701-0309**

**SEND CERTIFIED COPY OF NEW BIRTH CERTIFICATE TO:** (Check one if ordering copy.)  Adoptive Parents in Part II  Attorney / Agency Below  Name and Address Below

ADDRESSEE NAME	DAYTIME TELEPHONE NUMBER ( )
COMPLETE MAILING ADDRESS - Street Address or P.O. Box	City or Village State Zip Code

**PART VI CERTIFICATION OF CLERK OF COURT OR DEPUTY**

Court Seal Must Be Present



COURT SEAL

**I hereby certify** that an order has been granted for the adoption of the child identified in Part III above by the parent(s) identified in Part II above

in Branch # \_\_\_\_\_ of \_\_\_\_\_ (Name of County) County Court of the state of \_\_\_\_\_ (Name of State)

The effective date of this order is \_\_\_\_\_ (Month/Day/Year) Court Case Number \_\_\_\_\_ (Court Case Number is **MANDATORY**.)

**SIGNATURE** \_\_\_\_\_ Date Signed \_\_\_\_\_ (Signature of Clerk of Court or Deputy) (Month/Day/Year)

NAME (Typed or Printed) - Clerk of Court or Deputy \_\_\_\_\_

\* If the child was born in the U.S.A., but not in Wisconsin, send this report to the proper authorities in the birth state. Fees may vary from state to state. If the child was born in Wisconsin, send this completed form and a check or money order to the Wisconsin State Vital Records Office at the address listed above.