

## REPORT OF ADOPTION

- This is a two page form and must be printed back-to-back.
- Type or print in black ink. Do not cross-out, write-over, erase, use 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 - IV before the final decree of adoption is entered.
- The clerk of court or deputy completes Part V - VII and insures that the completed, signed and sealed report is sent to the State Registrar.
- If you have questions regarding this form, call 608-266-1373.

| <b>PART I BIRTH INFORMATION NEEDED TO LOCATE THE CURRENT BIRTH RECORD ON FILE</b>   |  |   |  |   |                           |
|---|--|---|--|---|---------------------------|
| <b>CHILD'S PERSONAL DATA</b>  | Child's Full Birth Name - First                        |   | Middle Name                                      | Birth Last Name (as on birth certificate)   | Suffix (e.g., Jr., I, II) |
|   | Date of Birth (MM/DD/YYYY)                             | Sex (Check one)<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Birthplace - City, Village, or Town              | County  | State<br><b>WISCONSIN</b> |
| <b>BIRTH PARENTS' DATA</b>  | <b>BIRTH PARENT'S FULL BIRTH NAME</b>                  |   |  |   |                           |
|   | First Name   |   | Middle Name                                      | Birth Last Name   | Suffix (e.g., Jr., I, II) |
|   | <b>BIRTH PARENT'S FULL BIRTH NAME</b>                  |   |  |   |                           |
|   | First Name   |   | Middle Name                                      | Birth Last Name   | Suffix (e.g., Jr., I, II) |
| <b>PART II TYPE OF ADOPTION (Check one.)</b> <input type="checkbox"/> Stepparent <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent |  |   |  |   |                           |
| <b>PART III CHILD'S NAME AS ORDERED BY THE COURT</b> <input type="checkbox"/> Check this box if the name should not be changed.                             |  |   |  |   |                           |
| First Name  |  | Middle Name   | Last Name  |   | Suffix (e.g., Jr., I, II) |
| <b>PART IV INFORMATION ABOUT PARENTS AFTER THE CHILD'S ADOPTION</b> (If Stepparent adoption, both parents need to be listed).                               |  |   |  |   |                           |
| <b>PARENT</b>   | <b>FULL CURRENT NAME</b>                               |   |  |   |                           |
|   | First Name   |   | Middle Name                                      | Current Last Name   | Suffix (e.g., Jr., I, II) |
|   | <b>FULL BIRTH NAME (As It Appears On Birth Record)</b> |   |  |   |                           |
|   | First Name   |   | Middle Name                                      | Birth Last Name   | Suffix (e.g., Jr., I, II) |
| Date of Birth (MM/DD/YYYY)  |  |   | State of Birth (If not in USA., name of Country) |   |                           |
| <b>PARENT</b>   | <b>FULL CURRENT NAME</b>                               |   |  |   |                           |
|   | First Name   |   | Middle Name                                      | Current Last Name   | Suffix (e.g., Jr., I, II) |
|   | <b>FULL BIRTH NAME (As It Appears On Birth Record)</b> |   |  |   |                           |
|   | First Name   |   | Middle Name                                      | Birth Last Name   | Suffix (e.g., Jr., I, II) |
| Date of Birth (MM/DD/YYYY)  |  |   | State of Birth (If not in USA., name of Country) |   |                           |
| <b>PARENT'S RESIDENCE AT THE TIME OF THE CHILD'S BIRTH</b>  |  |   |  |   |                           |
| State   |  | County  | Name of City, Village, or Town                   | Check one<br><input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town |                           |
| <b>The signatures below verify the data shown above.</b>  |  |   |  |   |                           |
| <b>SIGNATURE</b> – Parent   |  |   | <b>SIGNATURE</b> – Parent                        |   |                           |

**PART V COURT DIRECTIVE**

**A new birth record for this child:**

- is to be created
- should not be created and no changes to the existing record
- should not be created and the existing record should be amended to show the child's name change as follows:

|            |             |           |                           |
|------------|-------------|-----------|---------------------------|
| First Name | Middle Name | Last Name | Suffix (e.g., Jr., I, II) |
|------------|-------------|-----------|---------------------------|

**REGARDING ADULT ADOPTIONS WITH NAME CHANGE:  
A PERSON THAT IS REQUIRED TO REGISTER AS A SEX OFFENDER MAY NOT CHANGE HIS OR HER NAME, per Wis. Stat. § 301.47.**

**PART VI AMENDMENT (Complete this section if an amendment is needed to the previous Report of Adoption.)**

- See Part \_\_\_\_\_ of this form.
- The following item has been amended from the previous Report of Adoption (must list the same Court Case Number).

|              |                         |
|--------------|-------------------------|
| Name of Item | New Amended Information |
|--------------|-------------------------|

**PART VII CERTIFICATION OF CLERK OF COURT OR DEPUTY/TRIBAL CLERK OF COURT OR DEPUTY**

I 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 IV above.

|  |  |                                      |   |  |
|--|--|--------------------------------------|---|--|
| Court Seal Must Be Present<br><br><br><br>COURT SEAL/TRIBAL COURT SEAL | Case Number  | Effective Date of Order (MM/DD/YYYY) | Amendment Order<br><input type="checkbox"/> Adoption has been Amended | Effective Date of Amendment (MM/DD/YYYY) |
|  | Branch Number  | County/Tribal Court                  | City  | State                                    |
|  | SIGNATURE - Clerk of Court or Deputy/Tribal Clerk of Court or Deputy               |                                      |   | Date Signed                              |
|  | Name (typed or printed) – Clerk of Court or Deputy/Tribal Clerk of Court or Deputy |                                      |   |  |

**PART VIII FEE AND MAILING INFORMATION (Complete this section only if this report is to be filed in Wisconsin Vital Records.)**

- Fee to file Report of Adoption ..... \$ 20.00
- Fee to file an amendment to the Report of Adoption..... \$ 10.00
  - One certified copy of the new birth record ..... \$ 20.00
  - Each additional copy of the new birth record issued at the same time as the first copy ..... X \$ 3.00 \_\_\_\_\_  
Number of Copies

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

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

**SEND CERTIFIED COPY OF NEW BIRTH RECORD TO:**

|   |               |                                     |          |
|---|---------------|-------------------------------------|----------|
| Relationship to the Subject of the Record |               |                                     |          |
| Addressee Name                            | Email Address | Daytime Telephone Number<br>(     ) |          |
| Mailing Address                           | City          | State                               | ZIP Code |