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.

INFORMATION FROM ORIGINAL BIRTH CERTIFICATE

Infant	Name - First	Middle	Last
	Sex ☐Male ☐Female	Date of Birth: Mo. / Day / Yr.	Birthplace-City, County, and State (or Country, if not USA)
Biological ☐Mother ☐Parent A	Full Name (First, Middle, Last) *(List name given at birth or on birth certificate/Maiden name)*		
Biological ☐Father ☐Parent B	Full Name (First, Middle, Last) *(List name given at birth or on birth certificate/Maiden name)*		

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/Maiden name)*				Social Security Number
	Current Name, if Different (First. Middle, Last)				Race
	Age at Birth of Infant	Date of Birth: Mo. / Day / Yr.	State or Country of Birth		Marital/Domestic Status
	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/Maiden name)*				Social Security Number
	Current Name, if Different (First. Middle, Last)				Race
	Age at Birth of Infant	Date of Birth: Mo. / Day / Yr.	State or Country of Birth		Marital/Domestic Status
	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:

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.

SEAL OF THE COURT

_____
(Signature of the Surrogate of the Court)

_____
(Adoption Docket Number)

_____
(Date)

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