

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

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

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

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

CHILD'S PERSONAL DATA	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.)
BIRTH PARENT'S DATA	BIRTH MOTHER'S FULL BIRTH NAME (as it appears on the child's birth certificate)					
	First Name	Complete Middle Name			Birth Last Name	
BIRTH FATHER'S FULL BIRTH NAME (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.*)

<input checked="" type="checkbox"/> To file this Report of Adoption	\$ 20.00	20.00
<input type="checkbox"/> One certified copy of the new birth certificate	\$ 20.00	
<input type="checkbox"/> 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**

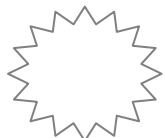
Send this properly completed, signed, sealed form and a check or money order to: **State Vital Records Office / ATTN: Adoptions / P.O. Box 309 / Madison, WI 53701-0309**

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.