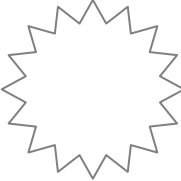


REPORT OF ADOPTION FOR A CHILD BORN IN A FOREIGN COUNTRY

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

- Type or print in **BLACK INK**. No cross-outs, write-overs, erasures, or correction fluid allowed.
- Follow instructions on the reverse side.

PART I TYPE OF ADOPTION (Check one.) <input type="checkbox"/> Stepparent <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent						
PART II CHILD'S NEW NAME AS SET FORTH IN DECREE						
FIRST NAME		MIDDLE NAME	LAST NAME	Suffix (e.g., Jr., I, II)		
PART III INFORMATION ABOUT PARENTS AFTER THE CHILD'S ADOPTION						
MOTHER OR PARENT ONE	FULL CURRENT NAME					
	First Name	Middle Name	Current Last Name	Suffix (e.g., Jr., I, II)		
	FULL BIRTH NAME (As It Appears On Birth Certificate)					
	First Name	Middle Name	Birth Last Name	Suffix (e.g., Jr., I, II)		
BIRTH DATE (MM/DD/YYYY)		STATE OF BIRTH (If not USA, name of Country)	COUNTY OF RESIDENCE <u>AT TIME OF ADOPTION</u>			
FATHER OR PARENT TWO	FULL CURRENT NAME					
	First Name	Middle Name	Current Last Name	Suffix (e.g., Jr., I, II)		
	FULL BIRTH NAME (As It Appears on Birth Certificate)					
	First Name	Middle Name	Birth Last Name	Suffix (e.g., Jr., I, II)		
Birth Date (MM/DD/YYYY)		STATE OF BIRTH (If not USA, name of Country)	COUNTY OF RESIDENCE <u>AT TIME OF ADOPTION</u>			
SIGNATURE – Parent One Verifying Above Data			SIGNATURE – Parent Two Verifying Above Data			
PART IV BIRTH INFORMATION (Prior to this Adoption)						
CHILD'S PERSONAL DATA	CHILD'S FULL BIRTH NAME - First Name		Middle Name	Birth Last Name (as on birth certificate)	Suffix	BIRTH DATE (MM/DD/YYYY)
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTHPLACE (Name of City, Village, or Township)		COUNTRY OF BIRTH		
PART V ESTABLISHMENT OF BIRTH FACTS Birth facts are established based on: (Check applicable documents and submit those copies with this form.)						
<input type="checkbox"/> Birth Registration from Country of Birth <input type="checkbox"/> Birth Registration from Country of Birth Listing Adoptive Parents						
<input type="checkbox"/> Medical Certification from Country of Birth <input type="checkbox"/> Court Documentation from Country of Birth						
PART VI REPORT OF CITIZENSHIP (if applicable) The following information is transcribed from the Certificate of Citizenship.						
CERTIFICATE OF CITIZENSHIP NUMBER		USCIS REGISTRATION NUMBER		DATE CITIZENSHIP GRANTED BY DEPARTMENT OF HOMELAND SECURITY (MM/DD/YYYY)		
PART VII AMENDMENT (Complete this section if an Amendment is needed to a previous Report of Adoption.)						
<input type="checkbox"/> See Part _____ of this form. Effective Date of Amendment _____ (MM/DD/YYYY)						
PART VIII CERTIFICATION OF CLERK OF COURT OR DEPUTY						
<input type="checkbox"/> Foreign adoption order registered under Wis. Stat. § 48.97(2). Court order is attached.						
<input type="checkbox"/> Adoption granted under Wis. Stat. § 48.839. Court order is attached.						
I hereby certify that an order has been granted for the adoption of the child identified in Part II above by the parent(s) identified in Part III above.						
 Court Seal Must Be Present	Case Number (MANDATORY)		Effective Date (MM/DD/YYYY)		Branch Number	
	City		County		State	
	SIGNATURE – Clerk of Court or Deputy					Date Signed (MM/DD/YYYY)
	NAME (typed or printed) – Clerk of Court or Deputy					

PART IX FEE AND MAILING INFORMATION			
<input type="checkbox"/>	Fee to file this Report of Adoption	\$ 20.00	_____
<input type="checkbox"/>	Fee to file an amendment to the Report of Adoption.....	\$ 10.00	_____
<input type="checkbox"/>	One certified copy of the new Certification of Birth Facts	\$ 20.00	_____
<input type="checkbox"/>	Each additional copy of the new Certification of Birth Facts	X \$ 3.00	_____
	Number of Additional Copies		
Make check or money order payable to: State of Wis. Vital Records			TOTAL _____
Mail this properly completed, signed, sealed form, your check or money order, and supporting documents to: State Vital Records Office / ATTN: Adoptions / PO Box 309 / Madison, WI 53701-0309			
SEND CERTIFIED COPY OF NEW BIRTH CERTIFICATE TO:			
NAME		EMAIL ADDRESS	DAYTIME TELEPHONE NUMBER ()
STREET ADDRESS or P.O. BOX		CITY	STATE ZIP CODE

USE OF THIS FORM

- The clerk of court or deputy shall require the agency or attorney to complete Parts I – VI before the final decree of adoption is entered.
- The clerk of court or deputy completes Part VII and VIII 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.