

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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undesignated/Non-Binary	Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Mo.</td> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Yr.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		Mo.	Day	Yr.		
Mo.	Day	Yr.						
Biological <input type="checkbox"/> Mother <input type="checkbox"/> Parent A	Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i>							
Biological <input type="checkbox"/> Father <input type="checkbox"/> Parent B	Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i>							

INFORMATION FOR BIRTH RECORD FOLLOWING ADOPTION									
Infant	Name by Adoption - First	Middle	Last						
	Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i>								
Adopting: <input type="checkbox"/> Mother <input type="checkbox"/> Parent A	Current Name, if Different (First, Middle, Last)		Social Security Number						
	Age at Birth of Infant	Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Mo.</td> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Yr.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Mo.	Day	Yr.				State or Country of Birth
	Mo.	Day	Yr.						
	Residence at Time of Infant's Birth		City	County State					
Present Address - Street and Number		City, Township, or Boro	County State Zip Code						
Adopting: <input type="checkbox"/> Father <input type="checkbox"/> Parent B	Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i>		Social Security Number						
	Current Name, if Different (First, Middle, Last)		Race						
	Age at Birth of Infant	Date of Birth <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Mo.</td> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Yr.</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Mo.	Day	Yr.				State or Country of Birth
	Mo.	Day	Yr.						
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	
<p>CERTIFICATION:</p> <p style="text-align: center;"><i>SEAL OF THE COURT</i></p> <p>_____</p> <p style="text-align: center;"><i>(Adoption Docket Number)</i></p>	<p><i>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 _____ Chancery Division-Family Part in Superior _____ Court of _____ Ocean County _____ New Jersey.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>(Signature of the Surrogate of the Court)</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>(Date)</i></p>

<p>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!</p>	<p>MAIL TO: New Jersey Department of Health Vital Statistics - Record Modification Unit P. O. Box 370 Trenton, NJ 08625-0370</p>
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