



STATE OF TENNESSEE
DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS
CERTIFICATE OF ADOPTION

USE THIS FORM FOR ADOPTIONS OF TENNESSEE BIRTHS AND REPORTS OF FOREIGN BIRTH.

<p>PART I</p> <p>Adoptive parents should verify all personal data for accuracy and sign this form before Part II is completed.</p> <p>If stepparent adoption, information for birth parent must also be completed.</p>	INFORMATION ABOUT CHILD AFTER ADOPTION						
	Full name of child after adoption (as decreed by court).						
	FIRST	MIDDLE	LAST	SUFFIX			
	FATHER (CHECK ONE)		Full Name of Father (as decreed by court)				
	<input type="checkbox"/> Adoptive <input type="checkbox"/> Single Parent <input type="checkbox"/> Natural <input type="checkbox"/> Step-Parent		Date of Birth (Mo/Day/Year)	State or Foreign Country of Birth	Social Security Number		
	MOTHER (CHECK ONE)		Full Legal Name of Mother (as decreed by court)				
	<input type="checkbox"/> Adoptive <input type="checkbox"/> Single Parent <input type="checkbox"/> Natural <input type="checkbox"/> Step-Parent		Maiden Surname of Mother				
			Date of Birth (Mo/Day/Year)	State or Foreign Country of Birth	Social Security Number		
	Residence of adoptive mother's mailing address at time of the adoption:						
	Number and Street		City, Town, or Location	County	State	Zip Code	Inside the City Limits? <input type="checkbox"/> YES <input type="checkbox"/> NO
I have reviewed the information entered in Part I and verify that it is accurate.							
Mother's Signature _____				Date _____			
Father's Signature _____				Date _____			
Do you want a new birth certificate prepared? <input type="checkbox"/> YES <input type="checkbox"/> NO. If a single parent adoption: Do you want the word "Adoption" to be entered in the space provided for the other parent? <input type="checkbox"/> YES <input type="checkbox"/> NO							
<p>PART II</p> <p>Should be completed by the attorney, clerk of court, or the child placing agency.</p>	INFORMATION ABOUT CHILD BEFORE ADOPTION TO LOCATE THE BIRTH RECORD						
	Name of Child at Birth			Sex	Birth Certificate No. (if known)		
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
	Date of Birth (Mo/Day/Year)		Place of Birth (Hospital, City, State or Foreign Country)				
Full Maiden Name of Mother			Full Name of Father				
<p>PART III</p> <p>Mailing address and contact information.</p>	ENTER THE ADDRESS TO WHICH THE BIRTH CERTIFICATE SHOULD BE MAILED						
	NAME: _____						
	ADDRESS: _____						
	CITY, STATE, ZIP CODE: _____						
	DAYTIME PHONE NUMBER: () _____						
EMAIL ADDRESS: _____							
<p>PART IV</p>	MAIL THE CERTIFICATE OF ADOPTION, A CERTIFIED COPY OF THE ADOPTION ORDER, AND \$30.00 FEE TO:						
	Tennessee Vital Records, Andrew Johnson Tower, 1 st Floor, 710 James Robertson Parkway, Nashville, TN 37243 Additional copies may be purchased for \$15.00 each. Make check or money order payable to TENNESSEE VITAL RECORDS.						