



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

INSTRUCTIONS: USE BLACK INK OR TYPEWRITER TO COMPLETE THIS FORM. DO NOT USE WHITEOUT OR ANY ERASURE.

Part I should be completed and signed by the adopting parents. Parts II and III should be completed by attorney, clerk of court, or child placing agency. When the final decree of adoption has been entered, the clerk of court shall enter his/her certification in Part IV, affix the seal of the court, sign, and forward to **Tennessee Vital Records, Andrew Johnson Tower, 1st Floor, 710 James Robertson Parkway, Nashville, TN 37243**. If the child was born in another state or U. S. Territory, the office will forward to the proper state. If the child was born in Tennessee, enclose the fee of **\$30.00** for preparation of a new birth record. The fee entitles applicant to one certified copy of the new birth certificate. Additional copies maybe obtained at the same time for **\$15.00** each. Make check or money order payable to **Tennessee Vital Records**.

INFORMATION AFTER ADOPTION

<p align="center">PART I</p> <p>All items must be completed so that the new birth certificate will show all essential data</p> <p>Adoptive parents should verify all personal data for accuracy and sign this form before Part II is completed.</p>	Full name of child after adoption, as decreed by court.			
	ADOPTIVE FATHER Were you related to this child prior to adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is your relation? _____	Full Name of Father		
		Date of Birth (Mo/Day/Year)	State or Foreign Country of Birth	Social Security Number
	ADOPTIVE MOTHER Were you related to this child prior to adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is your relation? _____	Full Legal Name of Mother		
		Maiden Surname of Mother		
		Date of Birth (Mo/Day/Year)	State or Foreign Country of Birth	Social Security Number
	Adopting mother's mailing address at time of the adoption (Street, Number, City, State and Zip Code)		County of Residence	
	I have reviewed the information entered in Part I and verify that it is accurate. Note: When the spouse of the child's biological parent (i.e. child's stepparent) is the adopting parent, both the stepparent and biological parent should complete Part I.			
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				

INFORMATION ABOUT CHILD BEFORE ADOPTION

<p align="center">PART II</p> <p>This information is used to locate the child's original birth record. If the child was previously adopted, please give the adoptive parents' names.</p>	Name of Child at Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Certificate No. (if known)
	Date of Birth (Mo/Day/Year)	Place of Birth (Hospital, City, State)		
	Full Maiden Name of Mother		Full Name of Father	

<p align="center">PART III</p> <p align="center">MAILING ADDRESS AND TELEPHONE NUMBER</p>	Please include \$30.00 fee to process request, additional copies maybe obtained at the same time for \$15.00 each. Make check or money order payable to TENNESSEE VITAL RECORDS . Enter the address to which the birth certificate should be sent.			
	NAME: _____			
	ADDRESS: _____			
	CITY, STATE, ZIP CODE: _____			
	DAYTIME PHONE NUMBER: () _____			

CERTIFICATION OF CLERK OF COURT

<p align="center">PART IV</p> <p align="center">COURT SEAL</p>	State of TENNESSEE	County of _____	Docket Number _____	Date of Decree _____
	I hereby certify that there was a final decree of adoption entered by _____ Court of this county on this the _____ day, of _____, in the year _____, which adjudged that the child named in Part I is deemed to be the lawful child of the adoptive parents identified in Part I.			
	Clerk's Signature _____		Date _____	

SEND THIS FORM AND REQUIRED FEE TO:

Tennessee Vital Records, Andrew Johnson Tower, 1st Floor, 710 James Robertson Parkway, Nashville, TN 37243