REPORT OF ADOPTION

- This is a two page form and must be printed back-to-back.
- Type or print in black ink. Do not cross-out, write-over, erase, use 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 - IV before the final decree of adoption is entered.
- The clerk of court or deputy completes Part V - VII 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**.**

PART I BIRTH INFORMATION NEEDED TO LOCATE THE CURRENT BIRTH RECORD ON FILE

CHILD'S PERSONAL DATA

Child's Full Birth Name - First	Middle Name	Birth Last Name (as on birth certificate)	Suffix (*e.g.*, Jr., I, II)

Date of Birth (MM/DD/YYYY)	Sex (Check one) ☐ Male ☐ Female	Birthplace - City, Village, or Town	County	State
				WISCONSIN

BIRTH PARENTS' DATA

BIRTH PARENT'S FULL BIRTH NAME

First Name	Middle Name	Birth Last Name	Suffix (*e.g.*, Jr., I, II)

BIRTH PARENT'S FULL BIRTH NAME

First Name	Middle Name	Birth Last Name	Suffix (*e.g.*, Jr., I, II)

PART II TYPE OF ADOPTION (Check one.) ☐ Stepparent ☐ Single Parent ☐ Two Parent

PART III CHILD'S NAME AS ORDERED BY THE COURT ☐ Check this box if the name should not be changed.

First Name	Middle Name	Last Name	Suffix (*e.g.*, Jr., I, II)

PART IV INFORMATION ABOUT PARENTS AFTER THE CHILD'S ADOPTION (If Stepparent adoption, both parents need to be listed).

PARENT

FULL CURRENT NAME

First Name	Middle Name	**Current** Last Name	Suffix (*e.g.*, Jr., I, II)

FULL BIRTH NAME (As It Appears On Birth Record)

First Name	Middle Name	**Birth** Last Name	Suffix (*e.g.*, Jr., I, II)

Date of Birth (MM/DD/YYYY)	State of Birth (If not in USA., name of Country)

PARENT

FULL CURRENT NAME

First Name	Middle Name	**Current** Last Name	Suffix (*e.g.*, Jr., I, II)

FULL BIRTH NAME (As It Appears On Birth Record)

First Name	Middle Name	**Birth** Last Name	Suffix (*e.g.*, Jr., I, II)

Date of Birth (MM/DD/YYYY)	State of Birth (If not in USA., name of Country)

PARENT'S RESIDENCE AT THE TIME OF THE CHILD'S BIRTH

State	County	Name of City, Village, or Town	Check one ☐ City ☐ Village ☐ Town

The signatures below verify the data shown above.

SIGNATURE – Parent	**SIGNATURE** – Parent

PART V COURT DIRECTIVE

A new birth record for this child:

- ☐ **is to be created**
- ☐ **should not be created and no changes to the existing record**
- ☐ **should not be created and the existing record should be amended to show the child's name change as follows:**

First Name	Middle Name	Last Name	Suffix (*e.g.*, Jr., I, II)

REGARDING ADULT ADOPTIONS WITH NAME CHANGE:
A PERSON THAT IS REQUIRED TO REGISTER AS A SEX OFFENDER MAY NOT CHANGE HIS OR HER NAME, per Wis. Stat. § 301.47.

PART VI AMENDMENT (Complete this section if an amendment is needed to the previous Report of Adoption.)

- ☐ **See Part _____ of this form.**
- ☐ **The following item has been amended from the previous Report of Adoption (must list the same Court Case Number).**

Name of Item	**New Amended Information**

PART VII CERTIFICATION OF CLERK OF COURT OR DEPUTY/TRIBAL CLERK OF COURT OR DEPUTY

I 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 IV above.

Court Seal Must Be Present

COURT SEAL/TRIBAL COURT SEAL

Case Number	Effective Date of Order (MM/DD/YYYY)	Amendment Order ☐ Adoption has been Amended	Effective Date of Amendment (MM/DD/YYYY)
Branch Number	County/Tribal Court	City	State
SIGNATURE - Clerk of Court or Deputy/Tribal Clerk of Court or Deputy			Date Signed
Name (typed or printed) – Clerk of Court or Deputy/Tribal Clerk of Court or Deputy			

PART VIII FEE AND MAILING INFORMATION (Complete this section only if this report is to be filed in Wisconsin Vital Records.)

- ☐ **Fee to file Report of Adoption ..... $ 20.00**
- ☐ **Fee to file an amendment to the Report of Adoption..... $ 10.00**
  - ☐ One certified copy of the new birth record ..... $ 20.00
  - ☐ Each additional copy of the new birth record issued at the same time as the first copy ....._____ X $ 3.00 _____
    Number of Copies

Make check or money order payable to: **State of Wis. Vital Records** **TOTAL** _____

Send this properly completed, signed, sealed form and a check or money order to:

State Vital Records Office / ATTN: PSSU / P.O. Box 309 / Madison, WI 53701-0309

SEND CERTIFIED COPY OF NEW BIRTH RECORD TO:

Relationship to the Subject of the Record

Addressee Name	Email Address	Daytime Telephone Number ( )	
Mailing Address	City	State	ZIP Code

Clear / Reset Form