OREGON HEALTH AUTHORITY

Center for Health Statistics

ADOPTION REPORT

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PART I — **PLEASE FURNISH INFORMATION AS TAKEN FROM ORIGINAL BIRTH RECORD. THIS INFORMATION IS NECESSARY TO LOCATE THE ORIGINAL BIRTH CERTIFICATE.**

FACTS OF BIRTH

1. Name of child — First | Middle name | Last name | 1A. Sex
2. Date of birth | 3. Name of physician, if known
4A. Place of birth — Hospital | 4B. City | 4C. State *(if not in U.S.A., name country)*

NATURAL PARENTS' DATA

5. Name of mother — First | Middle name | Maiden name | Last name
6. Name of father — First | Middle name | Last name
7. U.S. citizenship — Was natural mother a U.S. citizen when child was born? ☐ No ☐ Yes
8. U.S. citizenship — Was natural father a U.S. citizen when child was born? ☐ No ☐ Yes

PRIOR ADOPTION

9. Was the child listed above previously adopted in the united states? ☐ No ☐ Yes
If yes, please complete item #10.
10. State/County of adoption:

PART II — **PLEASE ENTER INFORMATION BELOW AS IT IS TO APPEAR ON THE NEW BIRTH RECORD.**
If any information is left blank, it will be blank on the birth certificate.
All information requested below MUST be provided or a new birth certificate cannot be completed for filing.

MOTHER

(check one) ☐ Adoptive ☐ Natural ☐ Parent A

11. Current legal name of mother/parent A — First | Middle name | Last name
11A. Legal/Maiden name at birth of mother/parent A — First | Middle name | Last name at mother's birth/maiden name
12. Date of birth | 13. State of birth *(if not in U.S.A., name country)* | 14. Social Security Number
15A. Mother's residence (street address) at time of child's birth
15B. State *(if not in U.S.A., name country)* | 15C. County | 15D. City | 15E. Zip code | 15F. Inside city limits? ☐ No ☐ Yes

FATHER

(check one) ☐ Adoptive ☐ Natural ☐ Parent B

16. Name of father/parent B — First | Middle name | Last name
17. Date of birth | 18. State of birth *(if not in U.S.A., name country)* | 19. Social Security Number
20A. If adoptive person is an adult, is new birth record to be issued? ☐ No ☐ Yes
20B. Is this a step-parent adoption? ☐ No ☐ Yes
20C. Is this a single-parent adoption? ☐ No ☐ Yes

AGENCY

21. Agency or person through which child was obtained

ATTORNEY

22A. Name *(print or type)* | 22B. Mailing address | Zip code | 22C. Telephone

ADOPTIVE PARENTS

23A. Current mailing address | 23B. Telephone

PART III — **The clerk of the court should require that as much of the information as is available in parts I and II be completed before certification is made and the report mailed to the registrar of vital statistics.**

24. I hereby certify that an adoption decree was filed on the _____ Day of _____ 20_____
Case no._____
25. Adopted name of child as set forth in decree — First name | Middle name | Last name
26. Signature of
Clerk of court _____ County of _____

COURT SEAL:

The $35 fee for amendment of Oregon birth certificate may be submitted with this form.
The $35 fee does not include a certified copy of the new certificate.
One short-form certificate is $25.
One full-image, long-form certificate is $30 (available for 1903-2007).
Mail to: Center for Health Statistics, P.O. Box 14050, Portland, OR 97293-0050