

**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										
<b>Infant</b>	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="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">Mo.</td> <td style="width: 30px;">Day</td> <td style="width: 30px;">Yr.</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>		Mo.	Day	Yr.				Birthplace-City, County, and State (or Country, if not USA)
Mo.	Day	Yr.								
<b>Biological</b> <input type="checkbox"/> <b>Mother</b> <input type="checkbox"/> <b>Parent A</b>	Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i>									
<b>Biological</b> <input type="checkbox"/> <b>Father</b> <input type="checkbox"/> <b>Parent B</b>	Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i>									

INFORMATION FOR BIRTH RECORD FOLLOWING ADOPTION											
<b>Infant</b>	Name by Adoption - First		Middle	Last							
	Full Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i>			Social Security Number							
<b>Adopting:</b>  <input type="checkbox"/> <b>Mother</b>  <input type="checkbox"/> <b>Parent A</b>	Current Name, if Different (First, Middle, Last)			Race							
	Age at Birth of Infant	Date of Birth <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">Mo.</td> <td style="width: 30px;">Day</td> <td style="width: 30px;">Yr.</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>		Mo.	Day	Yr.				State or Country of Birth	Domestic Status
	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							
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								
<input type="checkbox"/> <b>Father</b>  <input type="checkbox"/> <b>Parent B</b>	Age at Birth of Infant	Date of Birth <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">Mo.</td> <td style="width: 30px;">Day</td> <td style="width: 30px;">Yr.</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>		Mo.	Day	Yr.				State or Country of Birth	Domestic Status
	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><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</i></p> <p style="text-align: center;"><b><u>SUPERIOR COURT OF NEW JERSEY, CHANCERY DIVISION,</u></b></p> <p style="text-align: center;"><b><u>FAMILY PART, HUNTERDON COUNTY</u></b></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>SUSAN J. HOFFMAN, SURROGATE</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>(Date)</i></p>
_____	<i>(Adoption Docket Number)</i>

<p><b>This report must be accompanied by an original certified copy of the adoption decree.</b></p> <p>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. <b>DO NOT SEND CASH!</b></p>	<p><b>MAIL TO:</b>                  New Jersey Department of Health                  Vital Statistics - Record Modification Unit                  P. O. Box 370                  Trenton, NJ 08625-0370</p>
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