REPORT OF ADOPTION

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CHILD | 1.CHILD’S NAME AFTER ADOPTION (First, Middle, Last)  / / | | | | | | | | | | | |
| ADOPTING PARENTS  This information is needed to Prepare a New Birth Certificate. | 2. MOTHER’S PRESENT NAME (First, Middle, Last) | | | | 2a.MOTHER’S LAST NAME PRIOR TO FIRST MARRIAGE | | | | | | | |
| 2b. BIRTH DATE (MM/DD/YYYY)  / / | 2c.BIRTH PLACE (State) | | | | 2d.RACE | | | | | 2e.SOCIAL SECURITY NUMBER | |
| 2f. RESIDENCE – At time of child’s birth.  State: County: City/Town  Street & Number Zip: Inside City Limits? □ YES □No | | | | | | | | | | | |
| 3.FATHER NAME (First, Middle, Last) | | | | | | | | | | | |
| 3a. BIRTH DATE (MM/DD/YYYY)  / / | 3b.BIRTH PLACE (State) | | | | | 3c.RACE | | | 3d.SOCIAL SECURITY NUMBER | | |
| 4. CURRENT MALING ADDRESS OF PARENT(S)  State: County: City/Town  Street & Number Zip: Inside City Limits? □ YES □No | | | | | | | | | | | |
| 5a.Was child born in a foreign country □Yes (go to 5b) □No (go to 5c) | | | | | | | 5b.Was the child born to U.S. Citizens? □Yes □No | | | | |
| 5c.Did the adoption occur in a foreign country?  □Yes □No | | | 5d. If yes, are the adopting parents residents of Kansas?  □Yes □No | | | | | | | | |
| 6.TYPE OF ADOPTION (select one)  □STEP-PARENT ADOPTION □TRADITIONAL □SINGLE-PARENT ADOPTION | | | | | | | | | | | |
| ATTORNEY | 7.Name and Mailing Address of Attorney  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street. City. State. Zip. | | | | | | | | | | | 7a. Email and Telephone Number  ( ) |
| INFORMATION ON ORIGINAL BIRTH CERTIFICATE | 8a.CHILD’S BIRTH DATE (MM/DD/YYYY)  / / | | 8b.CHILD’S SEX  □MALE □FEMALE | | | | | | 8c.BIRTH CERTIFICATE NUMBER (if known) | | | |
| 8. CHILD’S NAME AT BIRTH (First, Middle, Last) | | | | | | | | | | | |
| 9.CHILD’S BIRTH PLACE  City: County/Province: State/Country: | | | | | | | | | | | |
| 10. MOTHER’S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) | | | | | | | | | | | |
| 11. FATHER’S NAME (First, Middle, Last) | | | | | | | | | | | |

|  |  |
| --- | --- |
| CERTIFICATION OF DISTRICT COURT | I hereby certify that the child identified above was adopted by the above name parent(s) on the  \_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ in the District Court of \_\_\_\_\_\_\_\_\_\_\_County, KS.  (day) (month) (year) (county)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Case Number Signature of District Court Judge Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (Place court seal here; required) |  | Kansas Department of Health and Environment  Bureau of Epidemiology and Public Health Informatics  Office of Vital Statistics  1000 SW Jackson Street, Suite 120  Topeka, Kansas 66612-2221  (785)296-1436 |  | Form VS-220  Revised 03-2011 |

---------------------------------------------------------------------------------------------------------------------------------------

|  |
| --- |
| **(For court use only)**  **District Court Information** Case number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date petition was filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of final decree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Child’s Name**  NATURAL name of person adopted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of person after ADOPTION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Order of Adoption was sent to the Office of Vital Statistics in Topeka, Kansas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |