REPORT OF ADOPTION

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| CHILD | 1.CHILD’S NAME AFTER ADOPTION (First, Middle, Last) / / |
| ADOPTING PARENTSThis 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/TownStreet & 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/TownStreet & 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 AttorneyName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 PLACECity: County/Province: State/Country:  |
| 10. MOTHER’S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) |
| 11. FATHER’S NAME (First, Middle, Last) |

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| 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 |

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| (Place court seal here; required) |  | Kansas Department of Health and EnvironmentBureau of Epidemiology and Public Health InformaticsOffice of Vital Statistics1000 SW Jackson Street, Suite 120Topeka, Kansas 66612-2221(785)296-1436 |  | Form VS-220Revised 03-2011 |

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| **(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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |