

Report of Adoption

FORM VS-220 Revised 03-2016

INFORMATION FOR AMENDED BIRTH RECORD FOLLOWING ADOPTION

CHILD	1. CHILD'S NAME AFTER ADOPTION (First, Middle, Last) _____ / _____ / _____			DO THE PARENTS WISH TO ENROLL THE CHILD IN THE IMMUNIZATION REGISTRY? YES NO			
	2. MOTHER'S/PARENT I PRESENT NAME (First, Middle, Last) _____ / _____ / _____			2a. SEX	2b. LAST NAME PRIOR TO FIRST MARRIAGE		
2c. BIRTH DATE (MM/DD/YYYY) ____ / ____ / ____		2d. BIRTH PLACE (State)	2e. RACE		2f. SOCIAL SECURITY NUMBER		
2g. RESIDENCE - At the time of the child's birth: (Street and number, City, County, State, Zip) _____					Inside City Limits? YES NO		
3. CURRENT MAILING ADDRESS OF PARENT(S): (Street and number, City, County, State, Zip) _____					Inside City Limits? YES NO		
PARENTS INFORMATION FOR NEW BIRTH CERTIFICATE		4. FATHER'S/PARENT II NAME (First, Middle, Last) _____ / _____ / _____			4a. SEX	4b. LAST NAME PRIOR TO FIRST MARRIAGE	
		4c. BIRTH DATE (MM/DD/YYYY) ____ / ____ / ____		4d. BIRTH PLACE (State)	4e. RACE		4f. SOCIAL SECURITY NUMBER
		5. Was the child born in a foreign country? YES NO (go to 5b) 5a. Was the child born to U.S. Citizens? YES NO 5b. Did adoption occur in a foreign country? YES NO (go to 6) 5c. Are adopting parent's Kansas residents? YES NO					
		6. TYPE OF ADOPTION (select one) STEP-PARENT ADOPTION TRADITIONAL ADOPTION SINGLE-PARENT ADOPTION					
ATTORNEY		7. NAME OF ATTORNEY:			7a. EMAIL ADDRESS		
		7b. MAILING ADDRESS OF ATTORNEY: (Street and number, City, State, Zip)				7c. TELEPHONE NUMBER + AREA CODE	

INFORMATION FROM ORIGINAL BIRTH CERTIFICATE

8. CHILD'S NAME AT BIRTH (First, Middle, Last) _____ / _____ / _____		
8a. CHILD'S BIRTH DATE (MM/DD/YYYY) ____ / ____ / ____	8b. CHILD'S SEX MALE FEMALE	8c. BIRTH CERTIFICATE NUMBER (if known)
9. CHILD'S BIRTH PLACE: (City, County/Province, State/Country)		
10. MOTHER'S/PARENT I NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) _____ / _____ / _____		
11. FATHER'S/PARENT II NAME (First, Middle, Last) _____ / _____ / _____		

CERTIFICATION OF DISTRICT COURT

I hereby certify that the child identified above was adopted by the above named 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)



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INSTRUCTIONS

Please enter the information requested for each item. This is a permanent record. All information must be typed.

Kansas District Courts are required by state statute (KSA 59-2104) to report adoptions to the Office of Vital Statistics. If the child being adopted was born outside the state of Kansas, the report of adoption will be forwarded to the appropriate state vital statistics office by the Kansas Office of Vital Statistics.

This Report of Adoption and the original Certificate of Live Birth will be sealed and will be opened only by court order or by written request of the adopted person, if of legal age, as directed by KSA 65-2423.

KSA 65-2423 also authorizes, upon request, the registration of birth certificates in the state of Kansas for children born in foreign countries that are not United States citizens born abroad, but adopted by residents of Kansas or adopted in Kansas.

When a Report of Adoption is received, the Office of Vital Statistics contacts the attorney, or adoptive parents, to obtain one or both parents' signatures on the supplemental birth certificate. At that time, we also request the filing fee to prepare and file the new birth record.

If this adoption is a step-parent adoption, natural parent information will be taken from the original birth certificate on file with the Office of Vital Statistics.

If any items are unknown, they may be left blank. However, information in items 8 through 10 is needed to locate the original certificate.

You may obtain copies of the new certificate by paying the current certified copy fee.

For information on fees, please visit our website at http://www.kdheks.gov/vital/amend_record_fees.html or call (785) 296-1436.