

**ADOPTION INFORMATION
OR
LEGAL PARENT INFORMATION SHEET**
THIS IS A PERMANENT RECORD — PLEASE TYPE OR PRINT ONLY

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? <input type="checkbox"/> No <input type="checkbox"/> Yes		8. U.S. citizenship — Was natural father a U.S. citizen when child was born? <input type="checkbox"/> No <input type="checkbox"/> Yes			
PRIOR ADOPTION	9. Was the child listed above previously adopted in the united states? <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Adoptive <input type="checkbox"/> Natural <input type="checkbox"/> Parent A (check one)	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	
	15. Mother's residence at time of child's birth		15A. Residence street address			
	15B. State (if not in U.S.A., name country)		15C. County	15D. City	15E. Zip code	15F. Inside city limits? <input type="checkbox"/> No <input type="checkbox"/> Yes
FATHER <input type="checkbox"/> Adoptive <input type="checkbox"/> Natural <input type="checkbox"/> Parent B (check one)	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? <input type="checkbox"/> No <input type="checkbox"/> Yes		20B. Is this a step-parent adoption? <input type="checkbox"/> No <input type="checkbox"/> Yes		20C. Is this a single-parent adoption? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	21. Name of child — First Following adoption		Middle name	Last name		
AGENCY	22. Agency or person through which child was obtained					
ATTORNEY	23A. Name (print or type)		23B. Mailing address		23C. Telephone	
ADOPTIVE PARENTS	24A. Current mailing address				24B. Telephone	
	25. Signature of person completing this form		Title	Phone number ()		

**MAIL TO: CENTER FOR HEALTH STATISTICS
P.O. BOX 14050
PORTLAND, OREGON 97293-0050**