



STATE OF TENNESSEE
DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS
CERTIFICATE OF ADOPTION

USE THIS FORM FOR ADOPTIONS OF TENNESSEE BIRTHS AND REPORTS OF FOREIGN BIRTH.

PART I

Adoptive parents should verify all personal data for accuracy and sign this form before Part II is completed.

If stepparent adoption, information for birth parent must also be completed.

INFORMATION ABOUT CHILD AFTER ADOPTION

Full name of child after adoption (as decreed by court).

FIRST

MIDDLE

LAST

SUFFIX

FATHER
(CHECK ONE)

- ☐ Adoptive Parent
☐ Single Parent
☐ Birth Parent
☐ Step-Parent

Full Name of Father (as decreed by court)

Date of Birth (Mo/Day/Year)

State or Foreign Country of Birth

Social Security Number

MOTHER
(CHECK ONE)

- ☐ Adoptive Parent
☐ Single Parent
☐ Birth Parent
☐ Step-Parent

Full Legal Name of Mother (as decreed by court)

Maiden Surname of Mother

Date of Birth (Mo/Day/Year)

State or Foreign Country of Birth

Social Security Number

Residence of adoptive mother's mailing address at time of the adoption:

Number and Street

City, Town, or Location

County

State

Zip Code

Inside the City Limits?
☐ YES ☐ NO

I have reviewed the information entered in Part I and verify that it is accurate.

Mother's Signature

Date

Father's Signature

Date

Do you want a new birth certificate prepared? ☐ YES ☐ NO.

If a single parent adoption: Do you want the word "Adoption" to be entered in the space provided for the other parent? ☐ YES ☐ NO

PART II

Should be completed by the attorney, clerk of court, or the child placing agency.

INFORMATION ABOUT CHILD BEFORE ADOPTION TO LOCATE THE BIRTH RECORD

Name of Child at Birth

Sex

☐ Male

☐ Female

Birth Certificate No. (if known)

Date of Birth (Mo/Day/Year)

Place of Birth (Hospital, City, State or Foreign Country)

Full Maiden Name of Mother

Full Name of Father

PART III

Mailing address and contact information.

ENTER THE ADDRESS TO WHICH THE BIRTH CERTIFICATE SHOULD BE MAILED

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME PHONE NUMBER: () _____

EMAIL ADDRESS: _____

PART IV

MAIL THE CERTIFICATE OF ADOPTION, A CERTIFIED COPY OF THE ADOPTION ORDER, AND \$30.00 FEE TO:

Tennessee Vital Records, Andrew Johnson Tower, 1st Floor, 710 James Robertson Parkway, Nashville, TN 37243

Additional copies may be purchased for \$15.00 each. Make check or money order payable to **TENNESSEE VITAL RECORDS.**