

SFN # _____
(For vital records use only)

Part I: TO IDENTIFY ORIGINAL BIRTH RECORD

County File # _____

1	Name of Child BEFORE adoption	
2	Name of BIOLOGICAL father	
3	Maiden name of BIOLOGICAL mother	

**COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS
CERTIFICATE OF ADOPTION**

PART II:

4	PLACE OF BIRTH	
	a) City, Borough or Township	
	b) County	
	c) State	
5	Full name of Child	
	Name after adoption	
6	Date of Birth	7 Sex

Information concerning adoptive parents, AS OF THE TIME OF BIRTH

ADOPTIVE FATHER		ADOPTIVE MOTHER	
8	Full Name	13	Full MAIDEN Name
9	S.S.N	14	S.S.N
10	Birthplace	15	Birthplace
11	Age (at the time of birth)	16	Age (at the time of birth)
12	Prior relationship to child () Biological father () Stepfather () Grandfather () Other	17	Prior relationship to child () Biological Mother () Stepmother () Grandmother () Other
ADOPTIVE PARENTS' MAILING ADDRESS AS OF TIME OF ADOPTION Is this a single-parent adoption? () Yes () No			
a	Street #		
b	City	c	State
		d	Zip Code

Part III: NAME AND ADDRESS OF ATTORNEY HANDLING THE ADOPTION

a	Telephone Number	b	Name
c	Street and Number		
d	City	e	State
		f	Zip Code

Part IV CERTIFICATION OF COUNTY CLERK FILING ADOPTION PAPERS

I HEREBY CERTIFY that on the ____ day of _____, _____, the child described above was adopted as shown above, and is now to bear the name of _____ as set forth in the decree of adoption made on that date, in Case No. _____.

Is this based on a Foreign Decree?
() Yes () No

Clerk of Orphans' Court _____
Northampton County
Pennsylvania
(Signed and Sealed)

Gina X. Gibbs

Report sent to vital records _____