

Statement of Citizenship and Residency

Type or print in ink

ERASURES, CROSS-OUTS OR ANY OTHER ALTERATIONS ARE UNACCEPTABLE.

This form must be completed by at least one adoptive parent following the adoption of a foreign-born child. This parent must be both a United States citizen and a Pennsylvania resident at the time of the child's adoption.

ADOPTIVE CHILD'S INFORMATION

NAME AFTER ADOPTION:	
DATE OF BIRTH:	

ADOPTIVE PARENT'S INFORMATION

PARENT'S NAME:	
PHONE NUMBER:	
CURRENT RESIDENTIAL ADDRESS:	Street address:
	City, state and zip code:
	County:
U.S. CITIZENSHIP:	<input type="checkbox"/> I was born in the United States or one of its territories. <input type="checkbox"/> I was not born in the United States or one of its territories. Therefore, I am enclosing a photocopy of documentary evidence to support my United States citizenship. (Examples include a U.S. Passport, Consular Report of Birth Abroad, U.S. Certificate of Naturalization, U.S. Certificate of Citizenship, etc.)

I hereby certify that I am a citizen of the United States and a resident of Pennsylvania. I further certify that the foreign adoption degree for the child listed above was not previously registered or otherwise acted upon by a court of this commonwealth or any other state.

DATE:	
SIGNATURE:	

ADOPTIVE PARENT'S INFORMATION

PARENT'S NAME:	
PHONE NUMBER:	
CURRENT RESIDENTIAL ADDRESS:	Street address:
	City, state and zip code:
	County:
U.S. CITIZENSHIP:	<input type="checkbox"/> I was born in the United States or one of its territories. <input type="checkbox"/> I was not born in the United States or one of its territories. Therefore, I am enclosing a photocopy of documentary evidence to support my United States citizenship. (Examples include a U.S. Passport, Consular Report of Birth Abroad, U.S. Certificate of Naturalization, U.S. Certificate of Citizenship, etc.)

I hereby certify that I am a citizen of the United States and a resident of Pennsylvania. I further certify that the foreign adoption degree for the child listed above was not previously registered or otherwise acted upon by a court of this commonwealth or any other state.

DATE:	
SIGNATURE:	

MAIL TO: Pa. Department of Health
Bureau of Health Statistics and Registries
555 Walnut St., 6th Floor
Harrisburg, PA 17101-1934