

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

**REPORT TO VITAL RECORDS
(NOT STEPPARENT OR ADULT)**

FOR THE ADOPTION OF

(Full name by which adoptee is to be known)

Petition for adoption was filed on the _____ day of _____, _____.

The undersigned Clerk of the Superior Court approved the adoption and granted a Decree of Adoption for said child to the petitioner(s), _____ and _____,
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

on the _____ day of _____, _____, and ordered that the said child shall be known as _____ as provided by law.

FIRST MIDDLE LAST
(Full name by which adoptee is to be known)

The court authorizes the _____ Vital Records Office to prepare a new birth
(State of child's birth)

certificate for said child which shall contain the full adoptive name of child, sex, race, date of birth, full name of adoptive parent 1, and full name of adoptive parent 2, according to the following information which is believed to be accurate. The new certificate shall contain no reference to the adoption of the child and shall not refer to the adoptive parents in any way other than as the adoptee's parents.

This _____ day of _____, _____

Clerk Superior Court

(S E A L)

_____ County

CHILD

Full name of child _____ Sex _____ Race _____
(As entered on original or most recent birth certificate)

Date of birth _____
(Month) (Day) (Year)

Place of birth _____
(City or town) (County) (State or foreign country)

If birth occurred in a hospital or institution, give name and address _____

Full name of bio or prior adoptive parent 1/BIRTH FATHER if applicable _____ Race _____ Sex ____
(First) (Middle) (Maiden) (Married)

Full name of bio or prior adoptive parent 2/BIRTH MOTHER if applicable _____ Race _____ Sex ____
(First) (Middle) (Maiden) (Married)

Full name of legal father _____ Race _____ Sex ____

ADOPTIVE PARENT 1

Full name _____ Race _____ Sex ____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes _____ No _____

ADOPTIVE PARENT 2

Full name _____ Race _____ Sex ____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes _____ No _____

Present address of adoptive parent(s): _____
(Address)

(City) (State) (Zip Code)

Telephone No. _____

NOTE: One DSS-1815 is filled in by the Department of Social Services or licensed private child-placing agency for presentation to the Clerk of Superior Court. When the Decree of Adoption is issued, the Clerk signs the DSS-1815 and forwards it to the Division of Social Services, State Department of Health and Human Services, to be referred to the Vital Records Office of the state in which the child was born.