

\_\_\_\_\_ COUNTY

\_\_\_\_\_ SP \_\_\_\_\_

\_\_\_\_\_  
(Full name of petitioning parent 1)

\_\_\_\_\_  
(Full name of petitioning parent 2)

**REPORT TO VITAL RECORDS  
FOR ADULT ADOPTION**

**FOR THE ADOPTION OF**

\_\_\_\_\_  
(Full name by which adult 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 adult to the petitioner(s), \_\_\_\_\_ and \_\_\_\_\_,  
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ordered that a new birth certificate shall be established for the adult adoptee in the name of \_\_\_\_\_.

First Middle Last

*[DO NOT Use Married Name for Adoptees]*

The court authorizes the \_\_\_\_\_ Vital Records Office to prepare a new birth  
(State of Adoptee's Birth)

certificate for said adult which shall contain the full adoptive name of adult, 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 adoptee and shall not refer to the adoptive parents in any way other than as the adoptee's parents.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Clerk of Superior Court

**(S E A L)**

\_\_\_\_\_ County

**ADOPTEE**

Full name of adult \_\_\_\_\_ 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)

**BIOLOGICAL PARENTS**

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 \_\_\_\_

*(BOTH sections below must be completed, including stepparent adoptions)*

**ADOPTIVE PARENT 1**

Full name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_  
(First) (Middle) (Maiden) (Married)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
(Month) (Day) (Year) (County) (State)

Relationship to adoptee \_\_\_\_\_ 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 adoptee \_\_\_\_\_ Single parent: Yes \_\_\_\_\_ No \_\_\_\_\_

Check here if this is an adoption by a former birth parent.

Present address of adoptive parent(s): \_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone No. \_\_\_\_\_

**NOTE:**

One DSS-5167 is filled in by the attorney retained by the petitioner(s) for presentation to the Clerk of Superior Court. When the Decree of Adoption is issued, the Clerk signs the Report to Vital Records and forwards it, together with a certified copy of the Decree of Adoption, within 10 days 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 adult was born.