

STATE OF NORTH CAROLINA

\_\_\_\_\_ COUNTY

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

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

\_\_\_\_\_  
Full name of petitioning parent

FOR THE ADOPTION OF

**REPORT TO VITAL RECORDS  
(STEPPARENT ADOPTIONS)**

\_\_\_\_\_  
(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, \_\_\_\_\_,  
(Full name of petitioning stepparent)

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 father or mother, as well as the biological parent who is the spouse of the adoptive parent, 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 parent in any way other than as the adoptee's parent.

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

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

**( S E A L )**

\_\_\_\_\_ County

**CHILD**

Full name of child \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
(As entered on original 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 birth or prior adoptive parent 1 \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
(First) (Middle) (Maiden) (Married)

Full name of birth or prior adoptive parent 2 \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
(First) (Middle) (Maiden) (Married)

Full name of legal father \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

**ADOPTIVE STEPPARENT**

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

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

**BIOLOGICAL PARENT WHO IS SPOUSE OF STEPPARENT**

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 \_\_\_\_\_

Where did adoptive parent live at the time the Petition for Adoption was filed: \_\_\_\_\_  
\_\_\_\_\_  
(County)

**Present address of adoptive parent:** \_\_\_\_\_  
(address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

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

**NOTE:** One DSS-5170 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-5170 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.