

## ADOPTION INFORMATION

This form, properly and completely filled out, will furnish the Oklahoma State Department of Health with information necessary to file a new birth certificate following an adoption. A certified copy of the Certificate of Adoption or adoption decree must be attached. ***The certified copy will be kept by the State Department of Health in a sealed file and will not be returned.***

---

### SECTION A: Current information on birth certificate

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Maiden Name of Mother: \_\_\_\_\_

---

### SECTION B:

Child's Name after Adoption \_\_\_\_\_

---

### SECTION C: Parent Information after Adoption

Father       Father I       Father II       Parent I       Parent II

Full Current Legal Name: \_\_\_\_\_

Last Name Prior to 1<sup>st</sup> Marriage: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country/State of birth: \_\_\_\_\_

Mother       Mother I       Mother II       Parent I       Parent II

Full Current Legal Name: \_\_\_\_\_

Last Name Prior to 1st Marriage: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country/State of birth: \_\_\_\_\_

Physical address at time of Adoption: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Inside City Limits: Yes: \_\_\_\_\_ No: \_\_\_\_\_

X

---

Signature/Title of person completing form

Date