

# REPORT OF ADOPTION

Do **not** post this form on any website or alter it in any way.

If the revision date on this form is over a year old, contact the State Vital Records Office to assure that you are using an acceptable version.

- **THIS IS A TWO-PAGE FORM AND MUST BE PRINTED BACK-TO-BACK.**
- Type or print in **BLACK INK**. Do **NOT** cross-out, write-over, erase, use correction fluid, or correction tape. If a mistake is made, prepare a new form.
- The clerk of court or deputy shall require the agency or attorney to complete Parts I - IV before the final decree of adoption is entered.
- The clerk of court or deputy completes Part V - VII and insures that the completed, signed and sealed report is sent to the State Registrar.
- **If you have questions regarding this form, call 608-267-7166.**

<b>PART I TYPE OF ADOPTION</b> (Check one.) <input type="checkbox"/> Stepparent <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent						
<b>PART II CHILD'S NEW NAME AS SET FORTH IN DECREE</b>						
FIRST NAME		MIDDLE NAME		LAST NAME		
				TITLE (e.g., Jr., I, II)		
<b>PART III INFORMATION ABOUT PARENTS AFTER THE CHILD'S ADOPTION</b> (If Stepparent Adoption, both parents need to be listed).						
<b>MOTHER OR OR PARENT ONE</b>	<b>FULL CURRENT NAME</b>					
	First Name		Middle Name		Current Last Name	
					Title (e.g., Jr., I, II)	
	<b>FULL BIRTH NAME (As It Appears On Birth Certificate)</b>					
First Name		Middle Name		Birth Last Name	Title (e.g., Jr., I, II)	
				Title (e.g., Jr., I, II)		
Birth Date (Month / Day / Year)			STATE OF BIRTH (If not in USA., name of Country)			
<b>FATHER OR OR PARENT TWO</b>	<b>FULL CURRENT NAME</b>					
	First Name		Middle Name		Current Last Name	
					Title (e.g., Jr., I, II)	
	<b>FULL BIRTH NAME (As It Appears On Birth Certificate)</b>					
First Name		Middle Name		Birth Last Name	Title (e.g., Jr., I, II)	
				Title (e.g., Jr., I, II)		
Birth Date (Month / Day / Year)			STATE OF BIRTH (If not in USA., name of Country)			
<b>ADOPTIVE MOTHER OR PARENT ONE'S RESIDENCE AT THE TIME OF THE CHILD'S BIRTH</b>						
State		County		Name of City, Village, or Township		
				Check one <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village		
<b>VERIFICATION OF ABOVE</b>	<b>SIGNATURE</b> – Parent One Verifying Above Data			<b>SIGNATURE</b> – Parent Two Verifying Above Data		
	PRESENT COMPLETE MAILING ADDRESS OF ADOPTIVE PARENT(S) (Street Address / City / State / Zip Code)				DAYTIME TELEPHONE NUMBER (     )	
<b>PART IV BIRTH INFORMATION NEEDED TO LOCATE THE CURRENT BIRTH CERTIFICATE ON FILE</b>						
<b>CHILD'S PERSONAL DATA</b>	CHILD'S FULL BIRTH NAME - First Name		Middle Name	Birth Last Name (as on birth certificate)	Title	BIRTH DATE (Month / Day / Year)
SEX (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTHPLACE - City, Village, or Township		County		State (* See note at bottom of Pg 2)
<b>BIRTH PARENT'S DATA</b>	<b>BIRTH PARENT'S FULL BIRTH NAME</b>					
	First Name		Middle Name		Birth Last Name	Title (e.g., Jr., I, II)
				Title (e.g., Jr., I, II)		
<b>BIRTH PARENT'S FULL BIRTH NAME</b>						
First Name		Middle Name		Birth Last Name	Title (e.g., Jr., I, II)	
				Title (e.g., Jr., I, II)		

**PART V COURT DIRECTIVE**

**A New Birth Certificate for this child:**

- is to be created
- should not be created and no changes to the existing record
- should not be created and the existing record is to show the child's name change as follows:

First Name	Middle Name	Last Name	Title (e.g., Jr., I, II)
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**REGARDING ADULT ADOPTIONS WITH NAME CHANGE:  
A PERSON THAT IS REQUIRED TO REGISTER AS A SEX OFFENDER MAY NOT CHANGE HIS OR HER NAME,  
Pers. 301.47, Wis Stats. (Class H felony).**

**PART VI AMENDMENT (Complete this section if an Amendment is needed to the previous Report of Adoption.)**

- See Part \_\_\_\_\_ of this form.
- The following item has been amended from the previous Report of Adoption (must list the same Court Case Number).

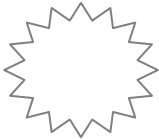
Name of Item	New Amended Information
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**PART VII CERTIFICATION OF CLERK OF COURT OR DEPUTY**

Case Number (MANDATORY)	Effective Date of Adoption (Month/Day/Year)	Amendment Order <input type="checkbox"/> Adoption has been Amended	Effective Date of Amendment (Month/Day/Year)
Branch Number	County	City	State

Court Seal Must Be Present

I hereby certify that an order has been granted for the adoption of the child identified in Part II above by the parent(s) identified in Part III above



**SIGNATURE** \_\_\_\_\_ Date Signed \_\_\_\_\_  
(Signature of Clerk of Court or Deputy) (Month/Day/Year)

**COURT SEAL** NAME (Typed or Printed) – Clerk of Court or Deputy \_\_\_\_\_

**PART VIII FEE AND MAILING INFORMATION (Complete this section only if this report is to be filed in Wisconsin Vital Records.\*)**

- Fee to File this Report of Adoption ..... \$ 20.00 \_\_\_\_\_
- Fee to file an Amendment to the Report of Adoption..... \$ 10.00 \_\_\_\_\_
- One certified copy of the new birth certificate ..... \$ 20.00 \_\_\_\_\_
- Each additional copy of the new birth certificate issued at the same time as the first copy ..... X \$ 3.00 \_\_\_\_\_  
No. of Copies

Make check or money order payable to: **State of Wis. Vital Records** TOTAL \_\_\_\_\_

Send this properly completed, signed, sealed form and a check or money order to:  
**State Vital Records Office / ATTN: Adoptions / P.O. Box 309 / Madison, WI 53701-0309**

**SEND CERTIFIED COPY OF NEW BIRTH CERTIFICATE TO: (Check one if ordering a copy.)**  
 Adoptive Parents in Part III       Attorney / Agency / Name and Address Below

ADDRESSEE NAME	DAYTIME TELEPHONE NUMBER (    )		
COMPLETE MAILING ADDRESS – Street Address or P.O. Box	City	State	ZIP Code

- If the child was born **in Wisconsin**, send this completed form and a check or money order to the Wisconsin State Vital Records Office at the address listed above.
- If the child was born in the U.S.A., but **not in Wisconsin**, send this report to the proper authorities in the birth state. Fees may vary from state to state. Please see the following website for other states Vital Records <http://www.cdc.gov/nchs/w2w.htm>.