



CERTIFIED STATEMENT OF FINAL DECREE OF ADOPTION
(Important – Read Information and Instructions on reverse side before completion.)

**TYPE OR PRINT
IN BLACK INK**

A. INFORMATION REGARDING ORIGINAL STATUS OF CHILD

State File No. _____
(If Known)

1a. Child's Name _____
First Middle Last

1b. Child's Sex _____

1c. Child's Date of Birth _____
City County State

1d. Child's Place of Birth _____

2a. Name of Father _____
First Middle Last

2b. Father's Race _____

3a. Name of Mother _____
First Middle Last Maiden

3b. Mother's Race _____

B. INFORMATION FROM ADOPTIVE PARENT(S) FOR A NEW CERTIFICATE OF BIRTH

1. Child's Name After Adoption _____
First Middle Last

FATHER	MOTHER
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2a. Name: _____
First Middle Last

3a. Name: _____
First Middle Last

2b. Birth Date: _____

3b. Maiden Name: _____

2c. Birth Place: _____

3c. Birth Date: _____

2d. Race: _____

3d. Birth Place: _____

2e. Social Security Number: _____

3e. Race: _____

4. Residence Address of Adoptive Parent(s) at Time of Adoption: _____
Street, Apt. No. or Rural Route Number City, Town, or Location County State Inside City Limit Zip Code

5. Mailing address if different from residence address: _____

6. Is this a single parent adoption? Yes No

7. Is this a stepparent or other relative adoption? Yes No If yes, please state relationship _____

8. Person completing Part A and B of this Form:

8a. Name: _____
Type or Print

8b. Relationship/Title _____

8c. Signature _____

8d. Telephone _____
Area Code and Number

"For infant adoptions: If you are interested in obtaining information on Florida's Health Start Program and potential services available for your infant, please call the Healthy Baby Hotline at 1-800-45- BABY (1-800-451-2229) and identify yourself as an adoptive parent."

C. CERTIFICATE OF CLERK OF CIRCUIT COURT

1. On the _____ day of _____, 20____, The Circuit Court of _____ County, _____
 Judge _____ presiding, ordered a decree of adoption in the case of the child and the parents described above.

2a. Name of Attorney/Pro Se _____

2b. Telephone _____

2c. Address _____
Street City State Zip Code

3a. Signed and Sealed by _____
Clerk of Circuit Court

3b. Date _____

FEE: State Law requires a \$20.00 fee made payable to "The Office of Vital Statistics" for filing a new birth certificate for a Florida birth resulting from adoption. This fee includes the issuance of one certification of the new certificate. Certification of the new certificate cannot be provided prior to the payment of this fee.

Instructions

(Prompt submission of this statement, when properly completed, will ensure the timely filing of a new birth certificate.)

Pursuant to s. 63.152, Florida Statutes, within 30 days after entry of a judgment of adoption, the clerk of the court, and in agency adoptions, any child-placing agency licensed by the department, shall prepare a certified statement of the entry for the State Registrar of Vital Statistics on a form provided by the registrar. A new birth record containing the necessary information supplied by the certificate shall be issued by the registrar on application of the adoptive parent(s) or the adopted person.

Please type using black ribbon.

Section B. Complete all information regarding both mother and father regardless of whether a stepparent adoption or two new parents. This information is required for completion of a new birth certificate. In the case of a stepparent adoption, the information allows us to verify information already on file.

Mail to: Department of Health, Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042.

Fee: If the fee is accompanying this statement, please **DO NOT** send cash. Please send a check or money order made payable to the Office of Vital Statistics. DH Form 429, Application for an Amended Birth Certificate, should be used when remitting the fee. This will ensure that the new certificate is mailed to the appropriate party as listed on the application.

If the fee is not remitted at the time of the submission of this statement, the birth record, if the birth occurred in Florida, shall be amended and the record flagged for collection of the Amendment/Processing fee at the time certification of the new record is requested.

Do not remit the fee when the birth occurred outside of the State of Florida.

GENERAL INFORMATION

Upon receipt of the report of adoption from a clerk of the court, as heretofore provided for, or upon receipt of a certified copy of a final decree of adoption, together with all necessary information, the State Registrar shall make and file a new birth certificate. All names and particulars entered in the new certificate shall refer to the adoptive parents. The original birth record and court documents shall be sealed only to be opened pursuant to a court order or other provision as may be provided for in Florida law.

OUT OF STATE BIRTHS – ADOPTIONS GRANTED IN FLORIDA: Although birth certificates for these children are not placed on file in our state, the adoption report shall be forwarded to the appropriate registration authority in the state of birth.

TO OBTAIN A SUPPLY OF FORMS: Write to the Department of Health, Office of Vital Statistics, ATTN: Administrative Services, P. O. Box 210, Jacksonville, Florida 32231-0042. Requests must be made on official letterhead and must contain the quantity desired and be signed by an authorized clerk. This form is shipped directly from our warehouse in Tallahassee, Florida and the smallest quantity obtainable is 100.