

Mail To:
 Division of Vital Records
 Amendment Section
 4815 West Markham St. Slot 44
 Little Rock, AR 72205-3867

ARKANSAS DEPARTMENT OF HEALTH
 Bureau of Health Resources
 Division of Vital Records

Report of Adoption

This information is necessary to locate the original certificate and will remain confidential.

Name of Child at Birth	Date of Birth	Sex	Has This child Been Adopted Before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Birth _____ City State County	Natural Mother's Full Maiden Name		

Adoptive Information

Name of Child After Adoption:					
Father			Mother		
Full Name of Father		Relationship: check (✓) one: <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Natural Father <input type="checkbox"/> Single Parent Adoption	Mother's Full Maiden Name (name at birth)		Relationship: check (✓) one: <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Natural Mother <input type="checkbox"/> Single Parent Adoption
Father's Race	Father's Date of Birth	In What State Was Father Born?	Mother's Race	Mother's Date of Birth	In What State Was Mother Born?
Father's Occupation at the Time of Child's Birth			Residence (complete address) at the Time of Child's Birth		
Name, Complete Address and Telephone Number of Attorney			Name, Complete Address and Telephone Number of Adoptive Parent(s)		
Prior to Birth of this Child, Number of Children Born to or Adopted by Adoptive Mother _____ Number of Children Now Living _____ Number of Children Born Alive But Now Dead _____ Number of Children Born Dead			Where Should New Certificate Be Sent (please check (✓) below) <input type="checkbox"/> Parent(s) <input type="checkbox"/> Attorney <input type="checkbox"/> County Clerk: Name and Address _____ _____ _____ <input type="checkbox"/> Other: Name and Address _____ _____ _____		

Certification

Court Seal	Case Number _____
I certify that the child named above was adopted by:	
_____ In the Probate Petitioner(s)	
Court of _____ County, and that	
The adoption became FINAL on _____ Date of Final Decree	
Signature of Court Clerk _____	