OREGON HEALTH AUTHORITY

Reset | Print | Save as

ADOPTION INFORMATION
OR
LEGAL PARENT INFORMATION SHEET

THIS IS A PERMANENT RECORD — PLEASE TYPE OR PRINT ONLY

PART I

PLEASE FURNISH INFORMATION AS TAKEN FROM ORIGINAL BIRTH RECORD.
THIS INFORMATION IS NECESSARY TO LOCATE THE ORIGINAL BIRTH CERTIFICATE.

FACTS OF BIRTH

1. Name of child — First	Middle name	Last name	1A. Sex

2. Date of birth	3. Name of physician, if known

4A. Place of birth — Hospital	4B. City	4C. State *(if not in U.S.A., name country)*

NATURAL PARENTS' DATA

5. Name of mother — First	Middle name	Maiden name	Last name

6. Name of father — First	Middle name	Last name

7. U.S. citizenship — Was natural mother a U.S. citizen when child was born? ☐ No ☐ Yes	8. U.S. citizenship — Was natural father a U.S. citizen when child was born? ☐ No ☐ Yes

PRIOR ADOPTION

9. Was the child listed above previously adopted in the united states? ☐ No ☐ Yes **If yes,** please complete item #10.	10. State/County of adoption:

PART II

PLEASE ENTER INFORMATION BELOW AS IT IS TO APPEAR ON THE NEW BIRTH RECORD.
If any information is left blank, it will be blank on the birth certificate.
All information requested below MUST be provided or a new birth certificate cannot be completed for filing.

MOTHER

☐ **Adoptive**
☐ **Natural**
☐ **Parent A**

(check one)

11. Current legal name of mother/parent A — First	Middle name	Last name

11A. Legal/Maiden name at birth of mother/parent A — First	Middle name	Last name at mother's birth/maiden name

12. Date of birth	13. State of birth *(if not in U.S.A., name country)*	14. Social Security Number

15A. Mother's residence (street address) at time of child's birth				
15B. State *(if not in U.S.A., name country)*	15C. County	15D. City	15E. Zip code	15F. Inside city limits? ☐ No ☐ Yes

FATHER

☐ **Adoptive**
☐ **Natural**
☐ **Parent B**

(check one)

16. Name of father/parent B — First	Middle name	Last name

17. Date of birth	18. State of birth *(if not in U.S.A., name country)*	19. Social Security Number

20A. If adoptive person is an adult, is new birth record to be issued? ☐ No ☐ Yes	20B. Is this a step-parent adoption? ☐ No ☐ Yes	20C. Is this a single-parent adoption? ☐ No ☐ Yes

21. Name of child — First Following adoption	Middle name	Last name

AGENCY

22. Agency or person through which child was obtained

ATTORNEY

23A. Name *(print or type)*	23B. Mailing address	Zip code	23C. Telephone

ADOPTIVE PARENTS

24A. Current mailing address	24B. Telephone

25. Signature of person completing this form	Title	Phone number

Mail to: Center for Health Statistics
P.O. BOX 14050
Portland, OR 97293-0050