

REPORT OF ADOPTION FOR A CHILD BORN IN A FOREIGN COUNTRY

- Type or print in black ink. No cross-outs, write-overs, erasures, or correction fluid allowed.
- Follow instructions on the reverse side.

PART I BIRTH INFORMATION (PRIOR TO THIS ADOPTION)				
CHILD'S PERSONAL DATA	Child's Full Birth Name - First	Middle Name	Birth Last Name (as on birth record)	Suffix (e.g., Jr., I, II)
	Date of Birth (MM/DD/YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace - City, Village, or Town	Country of Birth
PART II TYPE OF ADOPTION (Check one.) <input type="checkbox"/> Stepparent <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent				
PART III CHILD'S NEW NAME AS SET FORTH IN DECREE <input type="checkbox"/> Check this box if the name should not be changed.				
First Name		Middle Name	Last Name	Suffix (e.g., Jr., I, II)
PART IV INFORMATION ABOUT PARENTS AFTER THE CHILD'S ADOPTION				
PARENT	FULL CURRENT NAME			
	First Name	Middle Name	Current Last Name	Suffix (e.g., Jr., I, II)
	FULL BIRTH NAME (As It Appears On Birth Record)			
	First Name	Middle Name	Birth Last Name	Suffix (e.g., Jr., I, II)
Date of Birth (MM/DD/YYYY)		State of Birth (If not USA, name of Country)	County of Residence at Time of Adoption	
PARENT	FULL CURRENT NAME			
	First Name	Middle Name	Current Last Name	Suffix (e.g., Jr., I, II)
	FULL BIRTH NAME (As It Appears on Birth Record)			
	First Name	Middle Name	Birth Last Name	Suffix (e.g., Jr., I, II)
Date of Birth (MM/DD/YYYY)		State of Birth (If not USA, name of Country)	County of Residence at Time of Adoption	
SIGNATURE – Parent Verifying Above Data			SIGNATURE – Parent Verifying Above Data	
PART V ESTABLISHMENT OF BIRTH FACTS Birth facts are established based on: (Check applicable documents and submit those copies with this form.)				
<input type="checkbox"/> Birth Registration from Country of Birth <input type="checkbox"/> Birth Registration from Country of Birth Listing Adoptive Parents				
<input type="checkbox"/> Medical Certification from Country of Birth <input type="checkbox"/> Court Documentation from Country of Birth				
PART VI REPORT OF CITIZENSHIP (if applicable) The following information is transcribed from the Certificate of Citizenship.				
Certificate of Citizenship Number		USCIS Registration Number	Date Citizenship Granted by Department Homeland Security (MM/DD/YYYY)	
PART VII AMENDMENT (Complete this section if an amendment is needed to a previous Report of Adoption.)				
<input type="checkbox"/> See Part _____ of this form. Effective Date of Amendment _____ (MM/DD/YYYY)				
PART VIII CERTIFICATION OF CLERK OF COURT OR DEPUTY				
<input type="checkbox"/> Foreign adoption order registered under Wis. Stat. § 48.97(2). Court order is attached.				
<input type="checkbox"/> Adoption granted under Wis. Stat. § 48.839. Court order is attached.				
I hereby certify that an order has been granted for the adoption of the child identified in Part III above by the parent(s) identified in Part IV above.				
COURT SEAL Court Seal Must Be Present	Case Number		Effective Date of Order (MM/DD/YYYY)	Branch Number
	City		County	State
	SIGNATURE – Clerk of Court or Deputy			Date Signed (MM/DD/YYYY)
	Name (typed or printed) – Clerk of Court or Deputy			

PART IX FEE AND MAILING INFORMATION			
<input type="checkbox"/>	Fee to file Report of Adoption		\$ 20.00
<input type="checkbox"/>	Fee to file an amendment to the Report of Adoption.....		\$ 10.00
<input type="checkbox"/>	One certified copy of the new birth record		\$ 20.00
<input type="checkbox"/>	Each additional copy of the new birth record	X \$ 3.00	_____
		Number of Additional Copies	
Make check or money order payable to: State of Wis. Vital Records			TOTAL _____
Mail this properly completed, signed, sealed form, your check or money order, and supporting documents to:			
State Vital Records Office / ATTN: PSSU / PO Box 309 / Madison, WI 53701-0309			
SEND CERTIFIED COPY OF NEW BIRTH RECORD TO:			
Relationship to the Subject of the Record			
Name	Email Address	Daytime Telephone Number ()	
Mailing Address	City	State	ZIP Code

USE OF THIS FORM

- The clerk of court or deputy shall require the agency or attorney to complete Parts I – VI before the final decree of adoption is entered.
- The clerk of court or deputy completes Part VII and VIII and insures that the completed, signed and sealed report is sent to the State Registrar.
- If you have questions regarding this form, call 608-266-1373.

Clear / Reset Form