

REPORT OF ADOPTION IN WISCONSIN
for a Child Born in a Foreign Country

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

- Type or print in **BLACK INK**. Do **NOT** use cross-outs, erasures, 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 (if applicable).
- The clerk of court or deputy completes Part V - VIII and forwards the completed, signed and sealed report to the State Registrar.
- To insure that you are using a current revision of this form or to obtain other information regarding this form, call **(608) 267-7166**.

PART I CHILD'S NEW NAME AS SET FORTH IN DECREE

FIRST	MIDDLE	SURNAME	TITLE (e.g., Jr., I, II)
-------	--------	---------	--------------------------

PART II INFORMATION ABOUT ADOPTIVE PARENT(S) All facts should appear as they were at the time the child was born.

FATHER	FATHER'S FULL BIRTH NAME (As It Appears On His Birth Certificate) (MALE ONLY)			
	First	Middle	Birth Surname (As it appears on his birth certificate)	Title
	Date of Birth (Month / Day / Year)		State of Birth (If not in USA, name of country)	

MOTHER	MOTHER'S FULL BIRTH NAME (As It Appears On Her Birth Certificate) (FEMALE ONLY)			
	First	Middle	Birth Surname (As it appears on her birth certificate)	
	MOTHER'S FULL CURRENT NAME (First / Middle / Last)			
	First	Middle	Current Surname	
	BIRTH DATE (Month / Day / Year)		STATE OF BIRTH (If not in USA, name of country)	COUNTY OF RESIDENCE AT TIME OF ADOPTION

VERIFICATION OF ABOVE	SIGNATURE - Adoptive <u>Father</u> Verifying Above Data		SIGNATURE - Adoptive <u>Mother</u> Verifying Above Data	
	PRESENT COMPLETE MAILING ADDRESS OF ADOPTIVE PARENT(S) (Street / City / State / Zip Code)			TELEPHONE NUMBER ()

PART III BIRTH INFORMATION

CHILD'S PERSONAL DATA	CHILD'S FULL BIRTH NAME - First		Middle	Birth Surname (As on birth certificate)	Title	BIRTH DATE (Month / Day / Year)
	SEX (Check one.) <input type="checkbox"/> Male <input type="checkbox"/> Female		BIRTHPLACE (Name of City, Village, or Township)		COUNTRY OF BIRTH	

PART IV FEE AND MAILING INFORMATION

<input checked="" type="checkbox"/> To file this Report of Adoption	\$ 20.00	<u>20.00</u>
<input type="checkbox"/> One certified copy of the new birth certificate	\$ 20.00	_____
<input type="checkbox"/> Each additional copy of the new birth certificate issued at the same time as the first copy	X \$ 3.00	_____
	No. of Copies	TOTAL _____

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

Send (1) this properly completed, signed, sealed form and (2) your check or money order, and (3) supporting documents to:

State Vital Records Office / ATTN: Adoptions / PO Box 309 / Madison, WI 53701-0309

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

ADDRESSEE NAME	DAYTIME TELEPHONE NUMBER ()
----------------	---------------------------------

COMPLETE MAILING ADDRESS - Street Address or P.O. BOX	City	State	Zip Code
---	------	-------	----------

PART V ESTABLISHMENT OF BIRTH FACTS Birth facts are established based on: (Check applicable documents and submit those copies with this form.)

- Birth Registration from Country of Birth Birth Registration from Country of Birth Listing Adoptive Parents Medical Certification from Country of Birth Court Documentation from Country of Birth

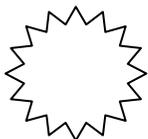
PART VI REPORT OF CITIZENSHIP (if applicable) The following information is transcribed from the Certificate of Citizenship.

CERTIFICATE OF CITIZENSHIP (COC) NUMBER	DATE COC GRANTED BY DEPARTMENT OF JUSTICE (Month/Day/Year)	COC SIGNED BY (Name of Commissioner of Immigration)
INS REGISTRATION NUMBER	FULL NAME OF CHILD (First / Middle / Surname)	

PART VII ADMINISTRATIVE INFORMATION - TYPE OF ADOPTION (Check one.) Stepfather Stepmother Single Mother Single Father Married Couple

PART VIII CERTIFICATION OF CLERK OF COURT OR DEPUTY

Court Seal Must Be Present



COURT SEAL

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 II above

in Branch # _____ of _____ (Name of County) County Court of the state of Wisconsin.

The effective date of this order is _____ (Month/Day/Year). Court Case Number _____ (Court Case Number is **MANDATORY**.)

SIGNATURE _____ (Signature of Clerk of Court or Deputy) Date Signed _____ (Month/Day/Year)

NAME (Typed or Printed) - Clerk of Court or Deputy _____