

Mississippi State Department of Health
Vital Records
P. O. Box 1700
Jackson, MS 39215-1700

Report of Adoption

Instructions

1. All information requested on this form must be supplied before a new birth certificate can be completed.
2. The completed form should be signed and sealed by the Chancery Court.
3. Send to the address at the top of this form:
 - (a) this completed form, and
 - (b) certified copy of the decree, and
 - (c) the filing fee of \$55.00
4. Attach a completed Form 913, (Medical and Social History).
5. Also, attach a signed and notarized Form 914 (*Affidavit Prohibiting Disclosure of Identifying Information*) or Form 915 (*Affidavit Permitting Disclosure of Identifying Information*), if furnished by adoption agency.

Information on Attorney

1. Name of Attorney
2. Street Address
3. City, State, Zip Code

Name of Child After Adoption

4. Child – Name (First)	(Middle)	(Last)
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Information About Adoptive Parents

5.A. Father – Name (First) (Middle) (Last)	5.B. Race	5.C. Date of Birth	5.D. State of Birth
6.A. Mother – Name (First) (Middle) (Maiden)	6.B. Race	6.C. Date of Birth	6.D. State of Birth
7.A. Residence – State	7.B. County	7.C. City or Town	7.D. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
7.E. Street or Number or Rural Location			
8.A. Mailing Address – Street and Number Or Route and Box Number		8.B. City or Town	8.C. State and Zip Code
9.A. I certify That The Personal Information Provided On This Certificate Is Correct. Signature of Either Parent ► _____			9.B. Date Signed (Month, Day, Year)
9.C. Is Adoptive Parent a Blood Relative Of The Adoptee? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Information Needed to Identify Original Birth Certificate

10. Child – Name (First) (Middle) (Last)			11. State File Number
12. Sex	13. Date Of Birth (Month, Day, Year)	14. County Of Birth	15. Filing Date (Month, Day, Year)
16. Natural Father – Name (First) (Middle) (Last)			
17. Natural Mother – Name (First) (Middle) (Last)			

Certificate of Clerk of Chancery Court

18. County	19. Order Number	<i>Seal</i>
20. Judge		
21. Chancery Clerk	22. District #	