

Certificate of Adoption Instruction Guide

How to Complete the Certificate of Adoption Form

- This form is posted on the Arizona Department of Health Services' State Office of Vital Records' website at <http://www.azdhs.gov/vital-records/manuals/documents/forms/certificate-of-adoption.pdf>. DO NOT POST THIS FORM ON ANY OTHER WEBSITE.
- DO NOT ALTER OR CHANGE THIS FORM.
- Type or print in black ink.
- Do not use cross-outs, write-overs, erasures, correction fluid, or correction tape on this form.
- The clerk of the court shall require the investigative agency or attorney to complete Parts I and II.
- The information in Part II must be reviewed, verified and signed by at least one of the adoptive parents.
- The clerk of the court completes Part III and insures that the completed, verified, signed and sealed Certificate of Adoption is sent to the State Office of Vital Records.
- If you have any questions regarding this form, please call the State Office of Vital Records at 602-364-1300 or 602-364-2429.

Part I:

The attorney of record, the investigative agency, or the court attorney for the petitioners must complete Part I. The information regarding the child's name and parent's names at birth shall be entered in the fields exactly as the information appears on the registered birth certificate. This information is necessary to locate the birth record when the Certificate of Adoption is received by the State Office of Vital Records.

Part II:

The attorney of record, the investigative agency, or the court attorney for the petitioners must complete Part II. The accuracy of the information in this section must be verified by the adoptive parents and the adoptive parents' signature will confirm the information listed is correct. This information will appear on the registered birth certificate and, therefore, must be accurate.

Part III:

The clerk of the court must complete Part III and confirm with the adoptive parents, or the attorney of record, that the child's new adoptive name to appear on the birth certificate if accurate.

Completed Forms

Pursuant to A.R.S. 36-336.D, by the tenth day of each month, a court in this state shall submit to the State Office of Vital Records all finalized Certificate of Adoptions for the preceding month. The Certificate of Adoptions shall be mailed to:

**Office of Vital Records
Post Office 6018
Phoenix, Arizona 85005**

State of Arizona
 Department of Health Services - Vital Records Section
 Certificate of Adoption

THIS IS A PERMANENT RECORD - PLEASE TYPE OR PRINT ONLY

State File Number _____

PART I: Birth information needed to locate the current birth certificate on file

Identification of Child and Place of Birth	Name of Child at Birth			
	A. First	B. Middle	C. Last	D. Suffix
	1			
Sex	Date of Birth - Month, Day, Year		Place of Birth	
	2	3	A. Town or City	B. County
		C. State (Include Zip Code)		
Name of Hospital/facility				
5				
Natural Parents	Name of Father			
	A. First	B. Middle	C. Maiden Last	D. Suffix
6				
Maiden Name of Mother		C. Maiden Last		
7		A. First	B. Middle	C. Maiden Last
Investigative Agency	Name of Agency - Address		Investigator's Signature	
	8		9	
		Date		
Attorney of Record	Attorney(s) of Record (or County Attorney) - Address		Attorney's Signature	
	10		11	
		Date		
Data for Statistical Use	Total No. of Children in this Adoption	Type of Adoption		
	12	13	<input type="checkbox"/> Step-Parent <input type="checkbox"/> Grand Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Non Relative	

PART II: Information about the adoption

Father <input type="checkbox"/> Adoptive <input type="checkbox"/> Natural	Name of Father				Date of Birth - Month, Day, Year	
	14	A. First	B. Middle	C. Last	Suffix	
					15	
Place of Birth - State or Country			Occupation			
16			17			
Mother <input type="checkbox"/> Adoptive <input type="checkbox"/> Natural	Maiden Name of Mother				Date of Birth - Month, Day, Year	
	18	A. First	B. Middle	C. Maiden Last	19	
	Place of Birth - State or Country			Occupation		
	20			21		
Residence of Adoptive Mother at Time of Child's Birth (Street Address, Town, County, State, Zip)				Current Address (Include Zip Code)		
22				23		
Parent's Verification	Parent's Signature		Date Signed	Omit Name of Hospital, Facility, or Street Address Where Birth Occurred	The Above Information is Correct	
	24		25	26	27	
				<input type="checkbox"/> Yes <input type="checkbox"/> No We <input type="checkbox"/> DO <input type="checkbox"/> DO NOT Want an amended Birth Certificate		

PART III: When the final order of adoption is granted, the Clerk of Superior Court must complete the following section, affix signature and court seal, and forward the report to the State Office of Vital Records. By signing this document the court is certifying the information contained in this document is accurate.

Certification of Clerk of Court	A Final Order of Adoption was Granted in the Superior Court of this State on				Clerk of Court (Impress Court Seal Here)
	_____ 20 _____ in Case No. _____ Judge _____ Presiding				
	By		Date Signed	Clerk for County of	
29		30	31		
The Name of the Child as Set Forth in the Adoption Order Shall be:					
33					
First		Middle	Last	Suffix	

**Mail to: Office of Vital Records
 PO Box 6018
 Phoenix, AZ 85005**