

# Certificate of Adoption Instruction Guide

## How to Complete the Certificate of Adoption Form

- This form is posted on the Arizona Department of Health Services' Bureau of Vital Records' website. 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 the adoptive parent(s).
- The clerk of the court completes Part III and insures that the completed, verified, signed and sealed Certificate of Adoption is sent to the Bureau of Vital Records.
- The adoptive parent(s) must complete Part IV.
- If you have any questions regarding this form, please call the Bureau 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 Bureau 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' signatures will confirm the information listed is correct. This information will appear on the registered birth certificate and, therefore, must be accurate. The adoptive parents shall decide if they want the information about the parents listed on the birth record prior to the adoption to be retained. Their response to this decision is captured in field 29. If the response is "no" then the requirements in Arizona Revised Statute 36-336(D)(1-3) and Arizona Administrative Code R9-19-208(M)(3) shall be submitted with the Certificate of Adoption.

### 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 is accurate.

### Part IV:

The adoptive parent(s) must complete Part IV. In the event there is an error on the Certificate of Adoption the Bureau of Vital Records will contact the adoptive parent(s).

## 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 Bureau of Vital Records all finalized Certificate of Adoptions for the preceding month. The Certificate of Adoptions shall be mailed to:

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

**State of Arizona**  
**Arizona Department of Health Services - Bureau of Vital Records**  
**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		A. Town or City		B. County		C. State (Include Zip Code)
2		3			4						
Name of Hospital/facility											
5											
Natural Parents	Name of Father/Parent		A. First		B. Middle		C. Last Name		D. Suffix		F. Date of Birth - Month, Day, Year
	6										
	Name of Mother/Parent		A. First		B. Middle		C. Last Name Prior to First Marriage		D. Suffix		F. Date of Birth - Month, Day, Year
	7										
Investigative Agency	Name of Agency					Agency Address					
	8					9					
Attorney of Record	Attorney(s) of Record (if applicable)					Attorney(s) of Record - Address					Date
	10					11					
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 – The adoptive parents are responsible for reviewing the information in this section to confirm the information provided in each field is accurate before affixing their dated signature.**

Father/Parent <input type="checkbox"/> Adoptive <input type="checkbox"/> Natural	Name		A. First		B. Middle		C. Last		Suffix		Date of Birth - Month, Day, Year	
	14										15	
	Place of Birth - State or Country					Social Security Number						
	16					17						
Mother/Parent <input type="checkbox"/> Adoptive <input type="checkbox"/> Natural	Name		A. First		B. Middle		C. Last Name Prior to First Marriage		Date of Birth - Month, Day, Year			
	18								19			
	Place of Birth - State or Country					Social Security Number						
	20					21						
	Residence of Adoptive Mother/Parent at Time of Child's Birth (Street Address, Town, County, State, Zip)					Current Address (Include Zip Code)						
	22					23						
Parent's Verification	I attest the information provided above is accurate, true and valid to the best of my knowledge.					Adoptive Mother's/Parent's Signature					Date Signed	
	24					25						
	Adoptive Father's/Parent's Signature					Date Signed		Omit Name of Hospital, Facility, or Street Address Where Birth Occurred <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you want the birth record amended? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	26					27		28		29		

**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 Bureau of Vital Records. By signing this document the court is certifying the information contained in this document is accurate.**

Clerk Of Court Information	A Final Order of Adoption was Granted in the Superior Court on							Clerk of Court (Impress Court Seal Here)		
	_____ 20 _____ in Case No. _____									
	Judge _____ Presiding									
	By		Date Signed		Clerk for County of			34		
	31		32		33					
	The Name of the Child as Set Forth in the Adoption Order shall be									
	First			Middle			Last			Suffix
	35									

**PART IV: In the event there is an error on the Certificate of Adoption the Bureau of Vital Records will contact the adoptee.**

Adoptive Parent(s) Information	Adoptive Parent(s) Address (include Zip Code)					Adoptive Parent(s) Phone Number				
	36					37				

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