STATE OF TENNESSEE
DEPARTMENT OF HEALTH, OFFICE OF VITAL RECORDS
CERTIFICATE OF ADOPTION

INSTRUCTIONS: USE BLACK INK OR TYPEWRITER TO COMPLETE THIS FORM. DO NOT USE WHITEOUT OR ANY ERASURE.
Part I should be completed and signed by the adopting parents. Parts II and III should be completed by attorney, clerk of court, or child placing agency. When the final decree of adoption has been entered, the clerk of court shall enter his/her certification in Part IV, affix the seal of the court, sign, and forward to **Tennessee Vital Records, Andrew Johnson Tower, 1ˢᵗ Floor, 710 James Robertson Parkway, Nashville, TN 37243**. If the child was born in another state or U. S. Territory, the office will forward to the proper state. If the child was born in Tennessee, enclose the fee of **$30.00** for preparation of a new birth record. The fee entitles applicant to one certified copy of the new birth certificate. Additional copies may be obtained at the same time for **$15.00** each. Make check or money order payable to **Tennessee Vital Records**.

INFORMATION AFTER ADOPTION

PART I

All items must be completed so that the new birth certificate will show all essential data

Adoptive parents should verify all personal data for accuracy and sign this form before Part II is completed.

Full name of child after adoption, as decreed by court.

ADOPTIVE FATHER Were you related to this child prior to adoption? ☐ Yes ☐ No If so, what is your relation? _____	Full Name of Father		
	Date of Birth (Mo/Day/Year)	State or Foreign Country of Birth	Social Security Number

ADOPTIVE MOTHER Were you related to this child prior to adoption? ☐ Yes ☐ No If so, what is your relation? _____	Full Legal Name of Mother		
	Maiden Surname of Mother		
	Date of Birth (Mo/Day/Year)	State or Foreign Country of Birth	Social Security Number

Adopting mother's mailing address at time of the adoption (Street, Number, City, State and Zip Code)	Inside the city limits? ☐ YES ☐ NO	County of Residence

I have reviewed the information entered in Part I and verify that it is accurate. **Note:** When the spouse of the child's biological parent (i.e. child's stepparent) is the adopting parent, both the stepparent and biological parent should complete Part I.

Mother's Signature	Date
Father's Signature	Date

Do you want a new birth certificate prepared? ☐ YES ☐ NO.
If a single parent adoption: Do you want the word "Adoption" to be entered in the space provided for the other parent? ☐ YES ☐ NO

INFORMATION ABOUT CHILD BEFORE ADOPTION

PART II

This information is used to locate the child's original birth record.
If the child was previously adopted, please give the adoptive parents' names.

Name of Child at Birth	Sex ☐ Male ☐ Female	Birth Certificate No. (if known)
Date of Birth (Mo/Day/Year)	Place of Birth (Hospital, City, State)	
Full Maiden Name of Mother	Full Name of Father	

PART III
MAILING ADDRESS AND TELEPHONE NUMBER

Please include **$30.00** fee to process request, additional copies maybe obtained at the same time for $15.00 each.
Make check or money order payable to **TENNESSEE VITAL RECORDS.** Enter the address to which the birth certificate should be sent.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DAYTIME PHONE NUMBER: (___) _____

CERTIFICATION OF CLERK OF COURT

PART IV
COURT SEAL

State of **TENNESSEE**	County of	Docket Number	Date of Decree

I hereby certify that there was a final decree of adoption entered by _____ Court of this county on this the _____ day, of _____ , in the year _____ , which adjudged that the child named in Part I is deemed to be the lawful child of the adoptive parents identified in Part I.

Clerk's Signature	Date

SEND THIS FORM AND REQUIRED FEE TO:
Tennessee Vital Records, Andrew Johnson Tower, 1ˢᵗ Floor, 710 James Robertson Parkway, Nashville, TN 37243

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