

**CERTIFIED STATEMENT OF FINAL DECREE OF ADOPTION**

(Important – Read Information and Instructions on page two before completion.)

**TYPE OR PRINT
IN BLACK INK****A. INFORMATION REGARDING ORIGINAL STATUS OF CHILD**Birth Certificate No. _____
(If Known)

1a. Child's Name _____
First Middle Last

1b. Child's Sex _____

1c. Child's Date of Birth _____ 1d. Child's Place of Birth _____
City State Country

2a. Name of Father _____
First Middle Last

2b. Father's Race _____

3a. Name of Mother _____
First Middle Last Maiden

3b. Mother's Race _____

B. INFORMATION FOR A NEW CERTIFICATE OF BIRTH

1. Child's Name After Adoption _____
(As shown in Final Judgment of Adoption) First Middle Last

FATHER **MOTHER**

2a. Name: _____
First Middle Last

3a. Name: _____
First Middle Last

2b. Birth Date: _____ 3b. Maiden Name: _____

2c. Birth Place: _____ 3c. Birth Date: _____

2d. Race: _____ 3d. Birth Place: _____

2e. Social Security Number: _____ 3e. Race: _____

4. Residence Address of Adoptive Parent(s) at Time of Adoption: _____
Street, Apt. No. or Rural Route Number City, Town, or Location County State Inside City Limit Zip Code

3f. Social Security Number: _____

5. Mailing address if different from residence address: _____

6. Is this a single parent adoption? ☐ Yes ☐ No

7. Is this a stepparent or other relative adoption? ☐ Yes ☐ No If yes, please state relationship _____

8. Person completing Part A and B of this Form:

8a. Name: _____ Type or Print

8b. Relationship/Title _____
(If agency, list agency name & License No.)

8c. Signature _____
Signature of Person Completing Form

8d. Telephone _____
Area Code and Number

9a. Attorney/Pro Se Petitioner _____ Type or Print

9b. Bar No. _____ 9c. Telephone _____
Area Code and Number

9d. Address _____
Street City State Zip Code

"For infant adoptions: If you are interested in obtaining information on Florida's Healthy Start Program and potential services available for your infant, please call the Healthy Baby Hotline at 1-800-45-BABY (1-800-451-2229) and identify yourself as an adoptive parent."

C. CERTIFICATE OF CLERK OF CIRCUIT COURT

Court Docket No. _____

1. On the _____ day of _____, 20____, the Circuit Court of _____ County,
Judge _____ presiding, ordered a decree of adoption in the case of the child and the parent s described above.
Florida Putative Father Registry was searched pursuant to chapter 63, Florida Statutes.

2a. Signed and Sealed by _____
Clerk of Circuit Court

2b. Date _____

FEE: State Law requires a \$20.00 fee made payable to "The Office of Vital Statistics" for filing a new birth certificate for a Florida birth resulting from adoption. This fee includes the issuance of one certification of the new certificate. Certification of the new certificate cannot be provided prior to the payment of this fee.

Instructions

(Prompt submission of this statement, when properly completed, will ensure the timely filing of a new birth certificate.)

Pursuant to s. 63.152, Florida Statutes, within 30 days after entry of a judgment of adoption, the clerk of the court, and in agency adoptions, any child-placing agency licensed by the department, shall prepare a certified statement of the entry for the State Registrar of Vital Statistics on a form provided by the registrar. A new birth record containing the necessary information supplied by the certificate shall be issued by the registrar on application of the adoptive parent(s) or the adopted person.

Please type using black ribbon. Provide all information. This will ensure timely filing of a new birth certificate. Providing contact information is critical in case contact with the person completing the form and/or the attorney is needed to obtain additional or clarifying information.

Section B. Complete all information regarding both mother and father regardless of whether a stepparent adoption or two new parents. This information is required for completion of a new birth certificate. In the case of a stepparent adoption, the information allows us to verify information already on file.

Mail to: Department of Health, Office of Vital Statistics, P. O. Box 210, Jacksonville, Florida 32231-0042.

Fee: If the fee is accompanying this statement, please **DO NOT** send cash. Please send a check or money order made payable to the Office of Vital Statistics. DH Form 429, Application for Amendment to Florida Birth Record, should be used when remitting the fee. This will ensure that the new certificate is mailed to the appropriate party as listed on the application.

If the fee is not remitted at the time of the submission of this statement, the birth record, if the birth occurred in Florida, shall be amended and the record flagged for collection of the Amendment/Processing fee at the time certification of the new record is requested.

GENERAL INFORMATION

Upon receipt of the report of adoption from a clerk of the court, as heretofore provided for, or upon receipt of a certified copy of a final decree of adoption, together with all necessary information, the State Registrar shall make and file a new birth certificate. All names and particulars entered in the new certificate shall refer to the adoptive parents. The original birth record and court documents shall be sealed only to be opened pursuant to a court order or other provision as may be provided for in Florida law.

Form is also used for adoption of foreign child pursuant to s. 382.017, F.S. which allow the creation of a Certificate of Foreign Birth.

OUT OF STATE BIRTHS – ADOPTIONS GRANTED IN FLORIDA: Although birth certificates for these children are not placed on file in our state, the adoption report sent to our office from the court shall be forwarded to the appropriate registration authority in the state of birth. **DO NOT** remit the fee when the birth occurred outside of the State of Florida.

If you have any questions regarding the completion of this form or you wish to order a small supply, you may contact the Office of Vital Statistics at (904) 359-6900, ext. 9001. To print your own forms, please visit our website at:
<http://www.floridahealth.gov>