

# State of New Mexico Vital Records and Health Statistics

## REPORT OF ADOPTION

For each adoption decreed in the State of New Mexico, a Report of Adoption is required (Section 2E 24-14-17 NMSA 1978).  
*This legal document must be typed or printed legibly in permanent ink. No alterations or white out are acceptable. All items must be completed.*

**Part 1. IDENTIFICATION OF CHILD:** The following information is necessary to identify the original birth certificate for this child.

Birth Information of Child (Please Note: If child previously adopted, enter previous adoptive information)						
FIRST	MIDDLE	OTHER MIDDLE	LAST	SUFFIX		
DATE OF BIRTH (MM/DD/YYYY)	GENDER	CHILD'S PLACE OF BIRTH:	CITY	COUNTY	STATE	COUNTRY
Natural Mother Information			Natural Father Information			
FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST	SUFFIX

**VERIFICATION:**  Do  Do not, revise this child birth certificate to show adoptive parent(s) name

**Part 2. Enter the adopting parent(s) information in Part 2.**

FATHER'S INFORMATION or PARENT 1 <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive				
FIRST	MIDDLE	OTHER MIDDLE	LAST	SUFFIX
DATE OF BIRTH (MM/DD/YYYY)	BIRTH PLACE STATE	BIRTH PLACE COUNTRY	CURRENT MAILING ADDRESS (Street No., Street Name, Apartment No.) (City, State, Zip Code)	
EDUCATION (Highest grade completed at time of child's birth)		ETHNICITY Hispanic Origin (Check all that Apply)		RACE (Check all that Apply)
<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> 9-12 <sup>th</sup> grade, No diploma	<input type="checkbox"/> No, not Hispanic	<input type="checkbox"/> Yes, Spanish	<input type="checkbox"/> White
<input type="checkbox"/> High School Graduate or GED	<input type="checkbox"/> Some college credit, No degree	<input type="checkbox"/> Yes, Mexican	<input type="checkbox"/> Yes, Puerto Rican	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Associate degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, Latino	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Doctorate or Professional degree	<input type="checkbox"/> Yes, Other Hispanic Origin	<input type="checkbox"/> Specify type: _____	<input type="checkbox"/> Specify tribe: _____
<input type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown if Hispanic	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Chinese
			<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese
			<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
			<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
			<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Specify: _____
			<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Unknown
			<input type="checkbox"/> Samoan	

MOTHER'S INFORMATION (Maiden Name-Name prior to first marriage) or PARENT 2 <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive				
FIRST	MIDDLE	OTHER MIDDLE	LAST	SUFFIX
DATE OF BIRTH (MM/DD/YYYY)	BIRTH PLACE STATE	BIRTH PLACE COUNTRY	CURRENT MAILING ADDRESS (Street No., Street Name, Apartment No.) (City, State, Zip Code)	
EDUCATION (Highest grade completed at time of child's birth)		ETHNICITY Hispanic Origin (Check all that Apply)		RACE (Check all that Apply)
<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> 9-12 <sup>th</sup> grade, No diploma	<input type="checkbox"/> No, not Hispanic	<input type="checkbox"/> Yes, Spanish	<input type="checkbox"/> White
<input type="checkbox"/> High School Graduate or GED	<input type="checkbox"/> Some college credit, No degree	<input type="checkbox"/> Yes, Mexican	<input type="checkbox"/> Yes, Puerto Rican	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Associate degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, Latino	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Master's degree	<input type="checkbox"/> Doctorate or Professional degree	<input type="checkbox"/> Yes, Other Hispanic Origin	<input type="checkbox"/> Specify type: _____	<input type="checkbox"/> Specify tribe: _____
<input type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown if Hispanic	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Chinese
			<input type="checkbox"/> Filipino	<input type="checkbox"/> Japanese
			<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
			<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Pacific Islander
			<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other Specify: _____
			<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Unknown
			<input type="checkbox"/> Samoan	

**Part 3. Attorney/Investigative Agency (Please print)**

Investigative Agency Name	Mailing Address	(City, State, Zip Code)
Attorney Agency	Mailing Address	(City, State, Zip Code)
Attorney Name	Telephone No:	

**Part 4. CERTIFICATION OF CLERK OF COURT –FINAL DECREE OF ADOPTION**

When the final order of adoption is granted, the clerk of district court must complete the following entry, affix his/her signature and seal.

CHILD NAME AS IT APPEARS ON FINAL ORDER OF ADOPTION				
FIRST	MIDDLE	OTHER MIDDLE	LAST	SUFFIX
Court Name		Court District	Court Docket Number	Date Granted (MM/DD/YYYY)
IMPRESS OFFICIAL COURT SEAL OR STAMP HERE		Clerk of Court (Printed Name)	Signature	Current Date

This section for New Mexico Bureau of Vital Records Use Only					
Order No.:	CASE ID	SFN/ Vault No.	Date Amended	Clerk	SP

**New Mexico Report of Adoption: Submit this form with \$20.00.** (\$10.00 Fee for amendment of original record and \$10.00 for a certified copy of new birth certificate.)  
 • Make your check or money order payable to New Mexico Vital Records. P.O. Box 25767 Albuquerque, New Mexico 87125  
 Mail order to: New Mexico Vital Records. P.O. Box 25767 Albuquerque, New Mexico 87125  
 For a child born out of state: This Certificate will be forward to the state of child's birth, they will contact you regarding procedures and fees for that state.