

CERTIFICATE OF ADOPTION STATE OF NEW MEXICO

Public Health Division of New Mexico Vital Records and Health Statistics

This is a Legal Document. Print or Type in Permanent Black Ink.

No "WHITE OUT" or Alterations are Acceptable

PART 1: The adopting parents must furnish this information so that a supplementary birth certificate showing their names and the child's new name can be prepared

PARENT'S VERIFICATION We Do Do Not want the old certificate revised

Father or Parent 1 Natural Adoptive

1 Name- first, middle, last: **2** State or country of birth: **3** Date of birth- mo, day, yr:

4 Race: Native American Black White Other (Specify) **5** If Hispanic, specify: Cuban Mexican Spanish Puerto Rican Other (Specify) **6** If Native American, Specify Tribe:

Mother or Parent 2 Natural Adoptive

7 Birth Name- First, Middle, Last: **8** State or country of birth: **9** Date of birth- mo, day, yr:

10 Race: Native American Black White Other (Specify) **11** If Hispanic, specify: Cuban Mexican Spanish Puerto Rican Other (Specify) **12** If Native American, Specify Tribe:

13 Residence at the time of child's birth: Street address or R.F.D.:
City, Town or Location: Country: State & Zip Code:

14 I certify the above information is correct:
Signature: Date: **15** Current address- include zip code:

Part 2: The investigative agency or the attorney for the petitioners must complete this part, which will be used to locate and identify the original birth certificate. All items must be filled in except when mother is unmarried and name of father (Item 23) is unknown

IDENTIFICATION OF CHILD AND PLACE OF BIRTH (Or if child previously adopted, adoptive name)

16 Name of child at birth- First, Middle, Last: **17** Sex: **18** Date of birth- mo, day, yr

19 Race: Native American Black White Other (Specify) **20** If Hispanic, specify: Cuban Mexican Spanish Puerto Rican Other (Specify) **21** If Native American, Specify Tribe:

22 Residence at the time of child's birth: Street address or R.F.D.:
City, Town or Location: Country: State & Zip Code:

NATURAL PARENTS (or if child previously adopted, name of adoptive parents)

23 NAME of FATHER- First, Middle, Last: **24** MAIDEN NAME of MOTHER- First, Middle, Last

DATA FOR STATISTICAL USE

25 Is this a relative adoption? No Yes- Specify: **26** Is this a stepparent adoption? Yes No **27** If "No" how was this child obtained? Specify:

INVESTIGATIVE AGENCY

28 Agency - Name and address **29** Investigator- Signature and date

ATTORNEY OF RECORD

30 Attorney- Name and address **31** Attorney- Signature and date Telephone no.

PART 3: When the final order of adoption is granted, the Clerk of District Court must complete the following entry, affix his signature and seal, and forward the report to CYFD/Social services Division, Children's Bureau, Placement Services, P.O. Drawer 5160, PERA-Bldg. Room 252, Santa Fe, NM 87502-5160

CERTIFICATION OF CLERK OF COURT

32 A final order of adoption was granted in the District Court of this State on:
Date: in court case no., Judge Presiding

33 The name of the child as set forth in the adoption order shall be:
First: Middle: Last:

34 Clerk of court (impressed court seal here) **By:** **35** Date signed **36** Clerk for county of

VITAL RECORDS (For State Registrar's Use)- No "WHITE OUTS" Are Acceptable

37 Date rec'd in State Office **38** Certificate Number **39** Registrar's signature **40** Date sent to state of birth

Note: IN ORDER TO OBTAIN A CERTIFIED COPY OF THE CHILD'S REVISED BIRTH CERTIFICATE: A. Child born in New Mexico: Send completed form along with a check or money order to cover the following:
REQUIRED: \$10.00 Fee for revision of original record
***Optional:** \$10.00 Fee per certified copy of revised birth certificate
Child born outside New Mexico: Send no money now. Certificate of adoption will be forwarded to the child's state of birth.