

MARYLAND DIVISION OF VITAL RECORDS

Certificate of Adoption

To the Clerk of the Court: When the Petition for Adoption is filed, please give a single copy of this form to the attorney for completion. When this Certificate is returned to you and the final adoption decree has been issued, please sign and date Section C below. Affix your official seal and mail this form to the Division of Vital Records, 6550 Reisterstown Road Plaza, Baltimore, MD 21215. Please note the date of mailing in your records but do not file a copy of this Certificate (nor should the attorney) as the intent of the law is to conceal reference to the original status of the child.

To the Attorney: Please complete Sections A and B. Have the adopting parent(s) verify the spelling of the names in Section A. Section B should not be shown to the adopting parent(s). In the case of a stepparent adoption, the name and the other information relating to the natural parent (mother or father, if living) should be entered in Section A. Maryland law provides that whenever proof is received in which a court of competent jurisdiction has entered a judgment, order of decree relating to the adoption of a person, a new certificate of birth shall be made to reflect the provisions of such decree and that all papers in the case, including the original birth certificate, shall be placed under seal. The Division of Vital Records of the Maryland Department of Health and Mental Hygiene will send the adopting parent(s) a Birth Registration Notice with the new name without charge. The fee to obtain certified copies of the new certificate, if desired, is \$24.00 for each copy. There is an additional processing fee of \$12.00 for each adoption filed. If the child was not born in Maryland, the Certificate of Adoption form will be sent by the Division of Vital Records to the proper registration agency of the State of birth for the preparation of a new birth certificate.

Section A: Information from Adopting Parent(s) for the New Certificate of Birth					
Child's Name after Adoption _____					
<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>	
Parent #1's Name _____	Parent #1's Date of Birth _____	Parent #1's _____	Parent #1's _____	Parent #1's _____	Parent #1's _____
<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>	
Hispanic Origin _____	Place of Birth _____	<i>City & State or Foreign Country</i> _____		Social Security # _____	
Parent #2's Current Name _____					
<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>	
Parent #2's Maiden Name _____	Parent #2's Date of Birth _____	Parent #2's _____	Parent #2's _____	Parent #2's _____	Parent #2's _____
<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>	
Hispanic Origin _____	Place of Birth _____	<i>City & State or Foreign Country</i> _____		Social Security # _____	
Mailing Address of New Parent(s): _____					
<i>Street Address</i>					
<i>City or Town</i>		<i>County</i>		<i>State</i>	<i>Zip Code</i>
Section B: Information from Natural Parent or Guardian Relating to Original Status of Child					
Original Name of Child _____					Sex _____
<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>	
Child's Date of Birth _____	Child's Place of Birth _____		<i>City or Town</i> _____		<i>County</i> _____
<i>State</i> _____					
Biological Father's Name _____					
<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>	
Race _____	Hispanic Origin _____				
Biological Mother's Maiden Name _____					
<i>First Name</i>		<i>Middle Name</i>		<i>Last Name</i>	
Race _____	Hispanic Origin _____				
The foregoing information was furnished by:					
<input type="checkbox"/> Natural Parent		<input type="checkbox"/> Attorney		<input type="checkbox"/> Adopting Parent	
<input type="checkbox"/> Agency Caseworker		<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Other, specify _____	
Type of Adoption (please answer):					
<input type="checkbox"/> Stepparent		<input type="checkbox"/> Grandparent		<input type="checkbox"/> Relative	
<input type="checkbox"/> Non-Relative					
Adoption by unmarried person: <input type="checkbox"/> Yes <input type="checkbox"/> No		Adoption by a widowed person: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature of informant _____					
Address _____					
Section C: Certification and Court Seal from the Clerk of the Court					
I HEREBY CERTIFY that on _____, 20____, Judge _____ presiding in the					
Circuit Court of _____ passed a decree of adoption in the name of the child and the parents described					
<i>County or City</i>					
Above. The attorney in the case was _____					
Attorney's address _____					
<i>Street Address</i>		<i>City</i>		<i>County</i>	<i>State</i> <i>Zip Code</i>
SIGNED and SEALED by _____					Date _____

Note: This form may be used by out-of-state courts of competent jurisdiction if the certification is completed and the official court seal is affixed. Otherwise, a certified copy of the adoption decree will be required. DHMH 24 VR B62 06/01/2011 sc