



NOTE: The sections 1 and 2 of this certificate are to be completed by the petitioner, attorney for the petitioner, or the child placing agency representative (as applicable) and filed along with the petition or decree. When the final order of adoption has been decreed, the clerk of court shall complete the certification information below in section 3. The clerk shall affix the seal of the court, sign the certification and forward this certificate to: The State Office of Vital Records, 1680 Phoenix Blvd, Suite 100, Atlanta, GA 30349.

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: BEFORE ADOPTION

STATE FILE NUMBER		
FIRST NAME OF CHILD AT BIRTH	MIDDLE NAME OF CHILD	LAST NAME OF CHILD
SEX OF CHILD	DATE OF BIRTH (MONTH, DAY, & YEAR)	PLACE OF BIRTH (CITY, COUNTY, & STATE)
MOTHERS NAME AT BIRTH (FIRST, MIDDLE, LAST)		FATHERS NAME (FIRST, MIDDLE, & LAST)

Section 2: AFTER ADOPTION (INFORMATION FOR NEW BIRTH CERTIFICATE)

FIRST NAME OF CHILD	MIDDLE NAME OF CHILD	LAST NAME OF CHILD
CURRENT LEGAL NAME: FIRST NAME OF MOTHER/PARENT 1	MIDDLE NAME OF MOTHER/PARENT 1	LAST NAME OF MOTHER/PARENT 1
FULL NAME AT BIRTH: FIRST NAME OF MOTHER/PARENT 1	MIDDLE NAME OF MOTHER/PARENT/ 1	LAST NAME OF MOTHER/PARENT 1
CURRENT LEGAL NAME: FIRST NAME OF FATHER/PARENT 2	MIDDLE NAME OF FATHER/PARENT 2	LAST NAME OF FATHER/PARENT 2
FULL NAME AT BIRTH: FIRST NAME OF FATHER/PARENT 2	MIDDLE NAME OF FATHER/PARENT 2	LAST NAME OF FATHER/PARENT 2
MOTHER/PARENT 1 DATE OF BIRTH (MONTH, DAY, YEAR)	FATHER/PARENT 2 DATE OF BIRTH (MONTH, DAY, YEAR)	
MOTHER/PARENT 1 PLACE OF BIRTH (CITY, COUNTY, STATE, OR COUNTRY)	FATHER/PARENT 2 PLACE OF BIRTH (CITY, COUNTY, STATE, OR COUNTRY)	
MOTHER/PARENT 1 (PLEASE CHECK ONE) <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Natural Parent	FATHER/PARENT 2 (PLEASE CHECK ONE) <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Natural Parent	
ADDRESS OF MOTHER/PARENT 1 AT TIME OF BIRTH (STREET, CITY, TOWN, STATE, & ZIP CODE)		
CURRENT ADDRESS OF ADOPTIVE PARENTS (STREET, CITY, TOWN, STATE, & ZIP CODE)		
PLEASE NOTE: A NEW BIRTH CERTIFICATE IN THE ADOPTED CHILD'S NEW NAME WHICH SHOWS THE ADOPTIVE PARENTS NAMES WILL BE PREPARED UNLESS THE BOX BELOW IS CHECKED. <input type="checkbox"/> Do not prepare a new certificate in the adopted child's new name which shows the adoptive parents name.		
SIGNATURE OF INFORMANT		TITLE OF INFORMANT
TYPE OR PRINT THE ATTORNEY'S NAME		TYPE OR PRINT THE ATTORNEY'S ADDRESS (STREET, CITY, STATE, & ZIP CODE)



Section 3: CERTIFICATION INFORMATION

DATE DECREE WAS ENTERED (MONTH, DAY, & YEAR)	COURT FILE NUMBER	COUNTY OF COURT
MOTHERS NAME AT BIRTH (FIRST, MIDDLE, LAST)	FATHERS NAME (FIRST, MIDDLE, & LAST)	
PLACE OF BIRTH AS INDICATED ON THE FINAL DECREE OF ADOPTION (CITY, COUNTY)	SIG NATURE OF CLERK I HEREBY CERTIFY THAT THE FINAL DECREE OF ADOPTION CONCERNING THE PERSONS NAMED ABOVE WAS ENTERED IN THIS COURT. PLEASE PLACE SEAL OVER SIGNATURE.	