

**STATE OF NEW HAMPSHIRE**  
*Department of State*  
*Division of Vital Records Administration*

**CONFIDENTIAL Report of City and Town Clerk Relative to an Adoption**

TYPE OR PRINT ONLY

<b>I. CHILD INFORMATION AS IT APPEARS BEFORE ADOPTION</b>	1. CHILD'S (First) (Middle) (Last) NAME		2. DATE OF BIRTH (Month) (Day) (Year)	3. SEX	
	4. LOCATION OF BIRTH (City/Town) (County) (State/Country)				
	5. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> CHINESE/JAPANESE <input type="checkbox"/> OTHER ASIAN/PACIFIC ISLAND <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> OTHER, SPECIFY _____			6. ANCESTRY? (English, French, Puerto Rican, etc.) Specify _____	
	7. SIBLINGS IN SUBSTITUTE CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. MEMBER SIBLING GROUP ADOPTED TOGETHER? <input type="checkbox"/> YES <input type="checkbox"/> NO		9. PREVIOUS ADOPTIVE PLACEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	10. SPECIAL NEEDS CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Primary Basis: <input type="checkbox"/> Age <input type="checkbox"/> Racial/Ethnic <input type="checkbox"/> Member Sibling Group <input type="checkbox"/> Medical/Other Disability If Medical/Other, Check All That Apply <input type="checkbox"/> Blind/Visually Impaired <input type="checkbox"/> Deaf/Hard of Hearing <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Emotionally Disturbed <input type="checkbox"/> Learning Disability <input type="checkbox"/> Medical Condition <input type="checkbox"/> Other, Specify: _____				
	11. DATE OF ADOPTIVE PLACEMENT (Month) (Day) (Year)		12. AUSPICES OF ADOPTION <input type="checkbox"/> PUBLIC AGENCY <input type="checkbox"/> INDEPENDENT PERSON <input type="checkbox"/> TRIBAL AGENCY <input type="checkbox"/> PRIVATE AGENCY <input type="checkbox"/> OTHER, SPECIFY _____		
13. LOCATION OF AGENCY/PERSON (State/Country) _____					
<b>II. SUPPORT COMPLETE IF STATE/FEDERAL SUPPORT FOR CHILD</b>	14. ADOPTION SUBSIDY <input type="checkbox"/> YES <input type="checkbox"/> NO				
	15. SOURCES OF FINANCIAL SUPPORT (CHECK ALL THAT APPLY) <input type="checkbox"/> TITLE IV-MONTHLY <input type="checkbox"/> TITLE IV-E NON-RECURRING <input type="checkbox"/> STATE ONLY TITLE XVI (SSI) <input type="checkbox"/> TITLES XIX/XX WITH NO PAYMENT <input type="checkbox"/> NONE OF ABOVE, PARENTS ONLY <input type="checkbox"/> OTHER, SPECIFY _____				
<b>III. BIOLOGICAL FATHER</b>	16. FATHER'S NAME (First) (Middle) (Last) (If stated on birth certificate)		17. DATE OF BIRTH (Month) (Day) (Year)		
	18. WAS TERMINATION OF PARENTAL RIGHT (Month) (Day) (Year) <input type="checkbox"/> VOLUNTARY – Date of Surrender/Consent _____ <input type="checkbox"/> NON-VOLUNTARY – Date of Termination of Rights _____ <input type="checkbox"/> NOT APPLICABLE		19. ANCESTRY? (English, French, Puerto Rican, etc.) Specify _____		
	20. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> CHINESE/JAPANESE <input type="checkbox"/> OTHER ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER, SPECIFY _____				
	21. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWER <input type="checkbox"/> CIVIL UNION DISSOLUTION				
<b>IV. BIOLOGICAL MOTHER</b>	22. MOTHER'S MAIDEN SURNAME		23. DATE OF BIRTH (Month) (Day) (Year)	24. MOTHER MARRIED AT BIRTH OF CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	25. WAS TERMINATION OF PARENTAL RIGHT (Month) (Day) (Year) <input type="checkbox"/> VOLUNTARY – Date of Surrender/Consent _____ <input type="checkbox"/> NON-VOLUNTARY – Date of Termination of Rights _____ <input type="checkbox"/> NOT APPLICABLE		26. ANCESTRY? (English, French, Puerto Rican, etc.) Specify _____		
	27. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> CHINESE/JAPANESE <input type="checkbox"/> OTHER ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER, SPECIFY _____				
	28. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWER <input type="checkbox"/> CIVIL UNION DISSOLUTION				

(Continued on Back)

<b>V. ADOPTIVE MOTHER/PARENT A</b>	29. MOTHER's/ (First) (Middle) (Last) PARENT A's NAME		30. MAIDEN NAME (If applicable)	31. DATE (Month) (Day) (Year) OF BIRTH
	32. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> CHINESE/JAPANESE <input type="checkbox"/> OTHER ASIAN/PACIFIC ISLAND <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> OTHER, SPECIFY _____			33. ANCESTRY? (English, French, Puerto Rican, etc.) Specify _____
	34. STATE OF BIRTH	35. RESIDENCE (Street Address) (City/Town) (County) (State) AT TIME OF CHILD'S BIRTH:		
	36. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWER <input type="checkbox"/> CIVIL UNION DISSOLUTION		37. RELATIONSHIP TO CHILD <input type="checkbox"/> STEP PARENT <input type="checkbox"/> BIOLOGICAL MOTHER <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> CO-PARENT <input type="checkbox"/> RELATIVE	
<b>VI. ADOPTIVE FATHER/PARENT B</b>	38. FATHER's/ (First) (Middle) (Last) PARENT B's NAME		39. MAIDEN NAME (If applicable)	40. DATE (Month) (Day) (Year) OF BIRTH
	41. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> CHINESE/JAPANESE <input type="checkbox"/> OTHER ASIAN/PACIFIC ISLAND <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE <input type="checkbox"/> OTHER, SPECIFY _____			42. ANCESTRY? (English, French, Puerto Rican, etc.) Specify _____
	43. STATE OF BIRTH	44. RESIDENCE (Street Address) (City/Town) (County) (State) AT TIME OF CHILD'S BIRTH:		
	45. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWER <input type="checkbox"/> CIVIL UNION DISSOLUTION		46. RELATIONSHIP TO CHILD <input type="checkbox"/> STEP PARENT <input type="checkbox"/> BIOLOGICAL FATHER <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> CO-PARENT <input type="checkbox"/> RELATIVE	
<b>VII. INCOME</b>	47. FAMILY INCOME OF ADOPTIVE PARENTS <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000 – \$34,999 <input type="checkbox"/> \$35,000 – \$44,999 <input type="checkbox"/> \$45,000 – \$54,999 <input type="checkbox"/> \$55,000 and over			
<b>VIII. ADOPTIVE PARENTS</b>	48. <input type="checkbox"/> WE DO NOT WISH THE BIRTH CERTIFICATE TO BE AMENDED FOLLOWING ADOPTION. <input type="checkbox"/> WE WISH THE BIRTH CERTIFICATE TO BE AMENDED FOLLOWING ADOPTION. A NEW BIRTH CERTIFICATE IS PREPARED FOR THE ADOPTEE AFTER THE ADOPTION IS GRANTED. WE REQUEST THAT THE AMENDED BIRTH RECORD BE PREPARED TO SHOW THE PARENT'S NAMES AND THE NAME OF THE ADOPTEE AS FOLLOWS:			
	49. MOTHER'S/PARENT A's NAME (First) (Middle) (Last)			
	50. FATHER'S/PARENT B's NAME (First) (Middle) (Last)			
	51. ADOPTEE'S NAME (First) (Middle) (Last)			
	52. CHILD'S ADOPTED NAME CURRENT MAILING ADDRESS (R.F.D., or St. or Box No.) (City/Town) (State) (Zip Code)			
<b>IX. ADOPTIVE PARENTS' SIGNATURE</b>	53. PERSONAL SIGNATURE OF ONE OR BOTH OF THE ADOPTIVE PARENTS MOTHER/PARENT A _____ FATHER/PARENT B _____			
	<b>X. PROBATE COURT OR FAMILY DIVISION</b>			
54. On the _____ day of _____, 20____, the _____ Court of _____ County, in the State of _____, _____ presiding, passed a decree of adoption in the case of the child and parents described above, recorded by microfilm or in Vol. _____, Page _____, Record No. _____ Signed and sealed by: _____ Date: _____ 20____ (Judge, Register, Clerk)				
NOTE: When adoption takes place in New Hampshire and the child was born in New Hampshire, the court will forward copies of the adoption report as shown. If the adoptee was not born in New Hampshire, the court will forward copies of the adoption report to the Division of Vital Records Administration, who will forward the report to the respective state of birth. a. Report sent to town clerk of _____, 20____ SEAL b. Report sent to Div. of Children & Youth Services _____, 20____ c. Report sent to New Hampshire Division of Vital Records Admin. _____, 20____				
Date: _____				
<b>XI. CITY/TOWN CLERK</b>	To be completed by New Hampshire Town/City Clerk of Place of Birth			
	55. Date received _____		56. Date forwarded to Div. of Vital Records Admin. _____	
	57. Signed _____		Clerk of _____	