



**STATE OF NEVADA**  
 Division of Public and Behavioral Health  
 Bureau of Preparedness, Assurance, Inspections and Statistics  
 Office of Vital Records and Statistics  
 4150 Technology Way, Suite 104  
 Carson City, Nevada 89706  
 Telephone: (775) 684-4242 · Fax: (775) 684-4156  
<http://dpbh.nv.gov>

## REPORT OF ADOPTION

**PART I** The information in this section must be given as it was before this adoption. Without this data, it may be impossible to locate and amend this child's birth record.

<b>Name of Child</b>	(First)	(Middle)	(Last)	
<b>Child Information Continued</b>	Date of Birth	Place of Birth (City or Hospital)		State of Birth
<b>Last Name of Parent or Mother Prior to First Marriage (Maiden)</b>	(First)	(Middle)	(Last)	
<b>Name of Parent or Father</b>	(First)	(Middle)	(Last)	

**PART II** Parents must furnish the following information concerning themselves. The information will be used to prepare a new birth certificate. **PLEASE DO NOT USE INITIALS.**

<b>Check Appropriate Box</b>	Current Name (First)			(Middle)	(Last)	Last Name Prior to First Marriage (Maiden)
<b>Adoptive Parent / Mother</b> <input type="checkbox"/>						
<b>Natural Parent / Mother</b> <input type="checkbox"/>						
<b>Parent / Mother's Information Continued</b>	Date of Birth		Place of Birth (State or Country)		Social Security Number	
<b>Parent or Mother's Residence at the time of this child's birth</b>	State	County		City or Town		
	Street Address			Zip Code	Inside City Limits? (Yes or No)	
<b>Check Appropriate Box</b>	Name (First)		(Middle)	(Last)		
<b>Adoptive Parent / Father</b> <input type="checkbox"/>						
<b>Natural Parent / Father</b> <input type="checkbox"/>						
<b>Parent / Father's Information Continued</b>	Date of Birth		Place of Birth (State or Country)		Social Security Number	
Signature of Parent Verifying Data in Part II		Current Mailing Address			Telephone Number	
Name and Mailing Address of Attorney of Record					Telephone Number	

**PART III** The clerk of the court must require as much of the information as possible in Parts I and II, above, before completing and certifying Part III.

I hereby certify that the child identified above was adopted by the above named parent(s) on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is now to bear the name of \_\_\_\_\_ as set forth in the decree of adoption made on that day in case number \_\_\_\_\_ in \_\_\_\_\_ County, \_\_\_\_\_.

Signature and seal of county clerk \_\_\_\_\_  
 Date signed \_\_\_\_\_

## INSTRUCTIONS

**For an adoptee born in Nevada and adopted in Nevada or in another U.S. state, please submit:**

- A certified Nevada report of adoption or report of adoption from another U.S. state.
- A certified U.S. District court order or decree of adoption.
- The proper filing fee.

**For an adoptee born in a foreign country, other than Canada, and adopted in Nevada or in another U.S. state, please submit:**

- A certified Nevada report of adoption or report of adoption from another U.S. state.
- A certified U.S. District court order or decree of adoption.
- The proper filing fee.
- Proof the adoptee is a U.S. citizen, such as, an original Certificate of Citizenship, an original Certificate of Naturalization, an original U.S. passport or an original Consular Report of Birth Abroad.
- Evidence the adoptive parents are Nevada residents, such as, an original utility bill.

## FEEES

Please remit a \$40.00 filing fee. This provides one certified copy of the amended birth record. Additional copies are \$20.00 each.

## MAILING

Office of Vital Records  
4150 Technology Way, Ste 104  
Carson City, Nevada 89706

Please allow 4-6 weeks to process your request. Should you have any questions, please contact our office at (775) 684-4242.

**When completed, the new birth certificate is to be mailed to the following:**

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Name

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Street Address or P.O. Box

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City

State

Zip Code