



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Public and Behavioral Health

State of Nevada, Office of Vital Records

4150 Technology Way, Suite 104

Carson City, Nevada 89706

Telephone: (775) 684-4242 · Fax: (775) 684-4156

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.

Form for Part I: Name of Child (First, Middle, Last), Date of Birth, Place of Birth, State of Birth, Sex, Maiden Name of Mother, Name of Father.

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

Form for Part II: Check Appropriate Box (Adoptive/Natural Mother/Father), Mother's/Father's Name, Date of Birth, Place of Birth, Current Occupation, Social Security Number, Residence (State, County, City/Town, Street Address, Zip Code, Inside City Limits), Signature of Parent, Current Mailing Address, Telephone Number, Name and Mailing Address of Attorney of Record.

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 _____

MAILING INSTRUCTIONS

For children born and adopted in Nevada, please submit a certified Nevada Report of Adoption with a certified court order or decree of adoption.

For children born in Nevada but adopted in another state, please submit a certified Nevada Report of Adoption with a certified court order or decree of adoption.

FEEES

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

Please mail your documents and fees to:

**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:

Name

Street Address or P.O. Box

City

State

Zip Code