



Tennessee Department of Health
OFFICE OF VITAL RECORDS

Application for Report of Foreign Birth for Adopted Child

Full adoptive name of child: _____

Place of birth: _____

Date of birth: _____ City _____ Province _____ Country _____ Sex of Child: _____ Male _____ Female

Full name of adoptive Father: _____

Full maiden name of adoptive Mother: _____

Legal residence of adoptive parents at the time of the adoption:

_____ City _____ County _____ State _____

We, the above named parents, hereby certify the information given above is correct.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Mailing address: _____

Name of Court: _____

Clerk's signature: _____ Date: _____

Please remit the fee of \$30.00 to prepare the report and issue one certified copy. Additional certified copies may be obtained at this time for \$15.00 each. Check or money order should be made payable to Tennessee Vital Records.

Also include the certified copy of the court order. Mail all documents and the required fee to:

Office of Vital Records
 Andrew Johnson Tower, 1st Floor
 710 James Robertson Parkway
 Nashville, TN 37243

(SEAL)