



# Certificate of Adoption

<b>PART I</b>	<i>This information in this section must be given as it was before adoption. Without this data it may be impossible to prepare an amended certificate of birth for this child.</i>			
<b>FACTS OF BIRTH</b>	Name of Child - First Name	Middle Name	Last Name	Suffix
	Date of Birth – Month, Day, Year	Sex	Race	
	County of Birth	State or Foreign Country of Birth		
<b>NATURAL PARENTS DATA</b>	Name of Mother - First	Middle	Last (Prior to First Marriage)	
	Name of Father/Parent - First	Middle	Last	Suffix
<b>VERIFICATION OF PART I</b>	Signature of person verifying data in Part I	Authorization (Attorney, Clerk of Court, Agency Director, Other (specify))		
<b>PART II</b>	<i>Adopting parents must furnish the following information concerning themselves as it was <u>at the date of birth of the above child</u>. This information is used in preparation of the amended certificate of birth.</i>			
<b>CHECK ONE:</b> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	Name of Mother/Parent - First	Middle	Last (Prior to First Marriage)	Suffix
	Date of Birth - Month, Day, Year	Birthplace (State or Foreign Country)		Race
	Residence - City or Town	County	State	
<b>CHECK ONE:</b> <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	Name of Father/Parent - First	Middle	Last (Prior to First Marriage)	Suffix
	Date of Birth - Month, Day, Year	Birthplace (State or Foreign Country)		Race
	Occupation	Kind of Business or Industry		
<b>VERIFICATION OF PART II</b>	NOTE: Where the spouse of the child's natural parent (i.e. the child's stepparent) is the adopting parent, for the purpose of completing this form, both the stepparent and the natural parent will be considered the adopting parents. Signatures: Mother/Parent: _____ Father/Parent: _____ Prior relationship between adopting parent(s) and adopted child: MOTHER/PARENT: <input type="checkbox"/> Stepmother <input type="checkbox"/> Grandmother <input type="checkbox"/> Natural Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Other (specify): _____ FATHER/PARENT: <input type="checkbox"/> Stepfather <input type="checkbox"/> Grandfather <input type="checkbox"/> Natural Father <input type="checkbox"/> Uncle <input type="checkbox"/> Other (specify): _____			
<b>AGENCY OR DEPARTMENT</b>	Name and mailing address of agency or department which investigated or handled case.			
<b>ATTORNEY</b>	Name and mailing address of Attorney			
<b>PART III</b> <b>DOMESTICATION OF FOREIGN ADOPTION</b>	<i>To Be Completed by the Clerk of Court</i> I hereby certify that the foreign adoption of the child by the parents named in Part II above and described in the order made on _____ and recorded in Judgement Roll or Docket No. _____ was domesticated and is now to bear the name of _____ as set forth in the order. Signature and Seal of Clerk of Court _____ Date signed _____ Clerk of Court in and for the County of _____ State of _____			
<b>PART IV</b> <b>SC ADOPTION</b>	I hereby certify that the child described in the decree of adoption made on _____ and recorded in Judgement Roll or Docket No. _____ was adopted by the parent(s) named in Part II and is now to bear the name of _____ as set forth in the order. Signature and Seal of Clerk of Court _____ Date signed _____ Clerk of Court in and for the County of _____ State of _____			
<b>PART V</b>	<i>When birth occurred in a state other than South Carolina the State Registrar shall forward this certificate to the proper official in the state of birth.</i>			
<b>Certification of S.C. Dept. of Health &amp; Env. Control</b>	I hereby certify that this report of adoption was received on _____ Signature _____ Title _____			