



**REPORT OF ADOPTION FORM**  
*(Read information on reverse side before completing)*

**A. CHILD'S INFORMATION AT BIRTH**

Child's Name <i>(currently listed on birth record)</i> :			Date of Birth:		
Place of Birth <i>(Hospital)</i> :				City:	
State:	Zip:	County:		Country:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		If foreign born, has Kentucky previously created a birth record for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mother's/Co-Parent's Name <i>(Currently listed on birth record)</i> :					
Father's/Co-Parent's Name <i>(Currently listed on birth record)</i> :					

**B. CHILD'S NAME AFTER ADOPTION**

First Name:	Middle Name:	Last Name:
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**C. ADOPTIVE PARENT(S) INFORMATION**

Mother or Parent One <i>(Current Legal Name)</i> :			Maiden Name:		
<input type="checkbox"/> Natural Mother <input type="checkbox"/> Co-Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Single Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grand-Parent					
Date of Birth:			Place of Birth <i>(state/country)</i> :		
Social Security Number:			Race:		
Signature:			Date:	Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Father or Parent Two <i>(Current Legal Name)</i> :			Maiden Name:		
<input type="checkbox"/> Natural Father <input type="checkbox"/> Co-Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Single Parent <input type="checkbox"/> Step-Parent <input type="checkbox"/> Grand-Parent					
Date of Birth:			Place of Birth <i>(state/country)</i> :		
Social Security Number:			Race:		
Signature:			Date:	Married? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**D. ADDRESS**

**Mailing Address of Adoptive Parent(s) at the Time of Adoption**

Mailing Address:					
City:		State:		Zip:	
County:		Country:		Phone Number:	

**Name of Attorney or Agency Representative**

Name:		Title:		Phone Number:	
Signature:			Date:		

**E. CERTIFICATION OF THE CIRCUIT COURT CLERK**

Court Order No. \_\_\_\_\_

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the Circuit Court of \_\_\_\_\_ County, Judge \_\_\_\_\_ presiding, and ordered a decree of adoption in the case of the child and parents described above.

Name of Attorney or Agency Representative \_\_\_\_\_

Address \_\_\_\_\_

Signed and sealed by \_\_\_\_\_ Date \_\_\_\_\_

*(Clerk of Circuit Court)*

## Instructions for Completing the VS-102

### Sections:

- A. Child's information as it reads on the original birth certificate.
- B. Child's name to read after adoption.
- C. Adoptive or natural parent's information.
- D. Mailing address of parent(s) and attorney information.
- E. Completed by Circuit Court Clerk only.

Please complete this form accurately. Failure to complete this form in its entirety can result in a delay. Do not use whiteout for corrections, and do not strike a line through errors. A new form must be completed if errors have been recorded.

### **KRS 213.066. Reports of adoptions and annulments or amendments of adoptions.**

- (1) For each adoption decreed by a Circuit Court in the Commonwealth, the court shall require the preparation of a report of adoption on a form prescribed and furnished by the state registrar. The report shall include the facts necessary to establish a new certificate of birth of the person adopted, identify the order of adoption, and be certified by the clerk of the court.
- (2) Information necessary to prepare the report of adoption shall be furnished by each petitioner for adoption or the petitioner's attorney. The Department for Social Services or any other agency or person having knowledge of the facts shall supply the court with the additional information necessary to complete the report. The provision of the information shall be prerequisite to the issuance of a final decree in the matter by the court.
- (3) If an adoption decree is amended or annulled, the clerk of the court shall prepare a report thereof which shall include the facts necessary to identify the original adoption report and the facts amended in the adoption decree necessary to properly amend the birth record.
- (4) Not later than the fifteenth day of each calendar month or more frequently the clerk of the court shall forward to the state registrar reports of decrees of adoption, annulments of adoption, and amendments of decrees of adoption which were entered in the preceding month, together with such related reports as the state registrar will require.

### **KRS 199.570. Adoption records confidential – Exception – New Birth Certificate**

- (3) "...If the child was born in another state, the order of adoption shall be forwarded to the division of vital statistics of the state concerned to be changed in accordance with the laws of such state. If the child was born in a foreign country, the report of adoption shall be returned to the attorney or agency handling the adoption for submission to the appropriate federal agency."

To obtain a certified copy of the new birth certificate, the applicant **must** submit the required fee for each copy requested. To verify current fees, please call (502) 564-4212.

MAILING ADDRESS: State Registrar  
Office of Vital Statistics  
275 East Main Street, 1E-A  
Frankfort, KY 40621-0001

Questions pertaining to any aspect of this form should be directed to the Adoption Unit of the Office of Vital Statistics by calling (502) 564-4212.