

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
OFFICE OF VITAL RECORDS

IMPORTANT! READ INSTRUCTIONS ON BACK OF FORM. TYPE OR PRINT IN BLACK INK.

PART I Adopting parents must furnish the following information. This information will be used to prepare the new birth certificate.

ADOPTEE'S ADOPTIVE NAME	1a. Child's Name (First)		1b. (Middle)		1c. (Surname)	
	2a. Name (First)		2b. (Middle)		2c. (Surname)	
MOTHER/ PARENT 1 INFORMATION	3a. Maiden Name (First)		3b. (Middle)		3c. (Surname)	
	4. Birth Place (State or Foreign Country)		5. Social Security Number		6. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
	7a. Residence (No. and Street)		7b. (Town)		7c. (State or Foreign Country)	
					7d. (Zip Code)	
FATHER/ PARENT 2	8a. Name (First)		8b. (Middle)		8c. (Surname)	
	9a. Maiden Name (if applicable) (First)		9b. (Middle)		9c. (Surname)	
	10. Birth Place (State or Foreign Country)		11. Social Security Number		12. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
	13a. Residence (No. and Street)		13b. (Town)		13c. (State or Foreign Country)	
				13d. (Zip Code)		
ARE PARENTS THE SAME SEX? <input type="checkbox"/> YES <input type="checkbox"/> NO ADOPTION TYPE (check one) <input type="checkbox"/> Two Parent <input type="checkbox"/> Single Parent <input type="checkbox"/> Stepparent/Co-Parent						
EFFECT ON BIRTH CERTIFICATE <input type="checkbox"/> Adoption to be fully reflected on new Birth Certificate <input type="checkbox"/> Only the Child's Name Change to be reflected on the new Birth Certificate <input type="checkbox"/> Adoptive parents and Child's Name Change NOT to be reflected on the new Birth Certificate						

I/We, the parent(s), acknowledged that I/we have verified the accuracy of each of the above items 1-13.

Mother/Parent 1: _____ Signature _____ Father/Parent 2: _____ Signature _____
Present Mailing Address of Adopting Parent(s): _____

PART II Provide the following information exactly as it is listed on the child's current birth certificate. This is the birth certificate as it existed prior to this adoption.

Child's Name prior to This adoption	14a. Birth Name or Previous Adoptive Name (First)		14b. (Middle)		14c. (Surname)	
	15. Sex	16. Date of Birth (month,day,year)	17. Place of Birth(City or Town)		(County)	(State) (Country)
Parents Information Prior to this adoption	18a. Name of Mother / Parent 1 (First)		18b. (Middle)		18c. (Maiden Surname)	
	19a. Name of Father / Parent 2 (First)		19b. (Middle)		19c. (Surname)	
20. If adoptee was born abroad to U.S. citizen parent(s), is a "Consular Report of Birth Abroad" on file at the U.S. Department of State? <input type="checkbox"/> Y <input type="checkbox"/> N					21. Name of Social Worker	
22. Name of Attorney(s) or Agency Handling Case				(Mailing Address)		(Zip Code)

PART III The court clerk shall require the agency to complete Parts I and II before the final decree of adoption is entered. Complete Part III and forward to: CT Department of Public Health, Vital Records Section, 410 Capitol Avenue, MS# 11VRS, PO Box 340308, Hartford, CT 06134

CERTIFICATION OF COURT (SEAL)	I hereby certify that the child described above was adopted by the above-stated parents on _____ , Date (mm/dd/yyyy)	
	and is now to bear the name of _____	
	Signature _____	Date Signed _____
	Name (Print) _____	Title _____ (Judge, Clerk etc.)
Probate / Superior Court District of _____ County of _____ State of Connecticut (Circle one)		

INSTRUCTIONS FOR COMPLETING THE RECORD OF ADOPTION

DEFINITIONS

Two Parent Adoption – Two people simultaneously adopt an unrelated child.

Single Parent Adoption – One person adopts an unrelated child.

Stepparent/Co-Parent Adoption – Person adopts a minor child of spouse or civil union partner.

PLEASE COMPLETE THIS FORM COMPLETELY AND ACCURATELY. CORRECTING FLUIDS OR TAPES CANNOT BE USED TO FIX ERRORS.

PART I

Complete Parts I and II of this form, and forward it to the court that has jurisdiction.

Each item in Part 1 must be completed unless this is a single parent adoption. In such cases, complete all information for Adopting Parent 1 or Parent 2, and note ‘Single Parent’ Adoption in the Adoption Type field.

Maiden Name shall not be left blank in ‘Mother/Parent 1’ section.

The new birth certificate will include residence information for Adopting Parent 1 (unless this is a single parent adoption and only Parent 2 information is completed). If this is a same-sex joint adoption, the adopting parents can use their own discretion to designate Adopting Parent 1 and Adopting Parent 2.

Stepparent/Co-Parent Adoption

Information about the existing parent who is a party to this adoption must be included in Part I of this form, along with the information regarding the stepparent or co-parent that is adopting the child.

Items 1a, 1b, and 1c:

Provide the child’s full adoptive name. Be careful to enter the name exactly as it should appear on the new birth certificate. If the child’s name is entered incorrectly (i.e. name is misspelled, or middle initial is given rather than middle name), the child’s new legal name will contain this error.

Items 7a – 7d.

These items should reflect the current address of the Mother/ Parent 1.

PART II

Items 14 a-c thru 19a-c:

It is vital that this information be reported exactly as stated on the child’s current birth certificate in order for us to find the current record that corresponds to this adoption. If you are aware of any errors contained on the existing birth certificate, notify the court before it completes action on this case.

Item 20:

If a child is born abroad to U.S. citizen parent(s), the birth should be reported to the nearest U.S. Consulate or Embassy. If such report is made, a record of the birth will be kept on file at the U.S. Department of State. The record is known as the “Consular Report of Birth Abroad of a Citizen of the U.S.A.” In order to update the “Consular Report of Birth,” the original Record of Adoption will be forwarded to the U.S. Department of State.

PART III (Clerk of the Court)

For ALL adoptions granted by the court, regardless of the adoptee’s age, a Record of Adoption (VS-51) must be returned to the Connecticut Department of Public Health. This includes adoptions of persons who were born in another state or country.

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