



RECORD OF ADOPTION

State Form 5438 (R7 / 1-15)

INDIANA STATE DEPARTMENT OF HEALTH

STATE OFFICE USE ONLY

REGIS NO.	_____
ORIG. REGIS NO.	_____
LOCAL NO.	_____
FILE DATE	_____

STATE OFFICE USE ONLY
VOIDED _____
AMENDED _____

Send one copy with original copy of the Comprehensive Medical History Report (I.C. 31-19-2-7) (Information confidential in accordance with IC 16-37-1-10)

PART I. This information will be used to prepare the new certificate of birth.

PARENT ADOPTIVE <input type="checkbox"/> NATURAL <input type="checkbox"/> (Specify)	1. NAME OF PARENT (First)		(Middle)	(Last)	2. Previous Surname	
	3. Date of Birth (month, day, year)	4. Birthplace (State or foreign country)	5. Race	6. Usual Occupation	7. Kind of Business or Industry	
PARENT ADOPTIVE <input type="checkbox"/> NATURAL <input type="checkbox"/> (Specify)	7. NAME OF PARENT (First)		(Middle)	(Last)	8. Previous Surname	
	9. Date of Birth (month, day, year)	10. Birthplace (State or foreign country)	11. Race			
12. Present Mailing Address of Adoptive Parents (number and street, city, state, and ZIP code)						
13. Name of Attorney or Agency handling Case			Mailing Address (number and street, city, state, and ZIP code)			

PART II. This information must be given as of date of birth. It is needed to locate and seal the original certificate of birth.

CHILD'S PERSONAL DATA	14. Name of Child at Birth (First)		(Middle)	(Last)	
	15. Gender	16. Date of Birth (month, day, year)	17. Place of Birth (City or Town, County, and State/Country)		
PARENTS' DATA	18. Name of Parent (First)		(Middle)	(Last)	19. Previous Surname
	20. Name of Parent (First)		(Middle)	(Last)	21. Previous Surname

PART III. The clerk of court shall complete Parts I and II before the final decree of adoption is entered; then complete Part III and forward this record to the Indiana State Department of Health.

22. I hereby certify that the child described above was adopted by the parents(s) on

CERTIFICATION

OF CLERK OF _____

COURT Date _____ Month _____ Year _____ Cause Number _____

and shall now bear the name _____

S-E-A-L

23. Signature of Court Clerk _____ 22. Date signed (month, day, year) _____

24. Court Clerk in and for the county of _____ State of _____

PART IV. When birth occurred in the State other than Indiana, the State Registrar forward this record to the proper State Registration Agency.

CERTIFICATION 24. I hereby certify that this record was received on the _____ day of _____ 20_____
OF STATE
REGISTRAR Signature _____

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