



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: \_\_\_\_\_  
City Province Country

Date of birth: \_\_\_\_\_ 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, 1<sup>st</sup> Floor  
710 James Robertson Parkway  
Nashville, TN 37243

(SEAL)