Reset Form

RECORD OF ADOPTION

State Form 5438 (R9 / 5-25)

STATE OFFICE USE ONLY

REGIS NO. _____

ORIG. REGIS NO. _____

LOCAL NO. _____

FILE DATE _____

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)

STATE OFFICE USE ONLY

VOIDED _____

AMENDED _____

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

PARENT ADOPTIVE ☐ NATURAL ☐ (*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 ☐ NATURAL ☐ (*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. Sex	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.

CERTIFICATION OF CLERK OF COURT

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

_____ 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 forwards this record to the proper State Registration Agency.

CERTIFICATION OF STATE REGISTRAR

24. I hereby certify that this record was received on the_____ day of _____ 20_____

Signature _____

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