

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
VITAL RECORDS FORM FOR ADOPTION PROCEEDINGS**

1. Original name of child _____
2. Date of birth _____ Place of birth _____
3. Name of Natural father _____
4. Name of Natural mother (including maiden name) _____
5. Birth certificate number if known _____
6. Name of child-placing agency _____
(required only when the names of the natural parents are unknown)

In order that there may be a complete record of the history of the adoptive parents as if they were the natural on the new certificate, it will be necessary that the information requested below be furnished.

ADOPTIVE FATHER		ADOPTIVE MOTHER	
Full Name _____		Full Maiden Name _____	
Race _____	Date of birth _____	Race _____	Date of birth _____
Birthplace _____		Birthplace _____	
Occupation _____		Occupation _____	
Usual residence _____		Usual residence _____	
Other children born to, or adopted by this mother (do not include this child):			
No. now living _____	No. born alive but now dead _____	No. born dead _____	

The items regarding the age, occupation, and residence of the adopters are to be furnished as of the date that the adoptee was born.

Signed: _____

Address: _____

ADOPTION NO. _____