



State of Florida  
Department of Health - Office of Vital Statistics

**CERTIFIED STATEMENT OF FINAL DECREE OF ADOPTION**

(Important – Read Information and Instructions on reverse side before completion.)

**A. INFORMATION REGARDING ORIGINAL STATUS OF CHILD**

Birth Certificate No. \_\_\_\_\_  
(If Known)

1a. Child's Name \_\_\_\_\_  
First Middle Last  
1b. Child's Sex \_\_\_\_\_  
1c. Child's Date of Birth \_\_\_\_\_ 1d. Child's Place of Birth \_\_\_\_\_  
City State Country  
2a. Name of Father/Parent \_\_\_\_\_ 2b. Father's/Parent's Race \_\_\_\_\_  
First Middle Last Name Prior to First Marriage (if applicable) Suffix  
3a. Name of Mother/Parent \_\_\_\_\_ 3b. Mother's/Parent's Race \_\_\_\_\_  
First Middle Last Name Prior to First Marriage (if applicable) Suffix

**B. INFORMATION FOR A NEW CERTIFICATE OF BIRTH**

1. Child's Name After Adoption \_\_\_\_\_  
(As shown in Final Judgment of Adoption) First Middle Last Suffix  
FATHER/PARENT MOTHER/PARENT  
2a. Name: \_\_\_\_\_ 3a. Name: \_\_\_\_\_  
First Middle Last Suffix First Middle Last Suffix  
2b. Name prior to first marriage (if applicable) \_\_\_\_\_ 3b. Name prior to first marriage (if applicable) \_\_\_\_\_  
2c. Birth Date: \_\_\_\_\_ 3c. Birth Date: \_\_\_\_\_  
2d. Birth Place: \_\_\_\_\_ 3d. Birth Place: \_\_\_\_\_  
2e. Race: \_\_\_\_\_ 3e. Race: \_\_\_\_\_  
2f. Social Security Number: \_\_\_\_\_ 3f. Social Security Number: \_\_\_\_\_  
4. Residence Address of Adoptive Parent(s) at Time of Adoption:

Street, Apt. No. or Rural Route Number City, Town, or Location County State Inside City Limit Zip Code

5. Mailing address if different from residence address: \_\_\_\_\_

6. Is this a single parent adoption? ☐ Yes ☐ No  
7. Is this a stepparent or other relative adoption? ☐ Yes ☐ No If yes, please state relationship \_\_\_\_\_

8. Person completing Part A and B of this Form:

8a. Name: \_\_\_\_\_ 8b. Relationship/Title \_\_\_\_\_  
Type or Print (If agency, list agency name & License #)

8c. Signature \_\_\_\_\_ 8d. Telephone \_\_\_\_\_  
Signature of Person Completing Form Area Code and Number

9a. Attorney/Pro Se Petitioner \_\_\_\_\_ 9b. Bar No. \_\_\_\_\_ 9c. Telephone \_\_\_\_\_  
Type or Print Area Code and Number

9d. Address \_\_\_\_\_  
Street City State Zip Code

*"For infant adoptions: If you are interested in obtaining information on Florida's Health Start Program and potential services available for your infant, please call the Healthy Baby Hotline at 1-800-45- BABY (1-800-451-2229) and identify yourself as an adoptive parent."*

**C. CERTIFICATE OF CLERK OF CIRCUIT COURT**

Court Docket No. \_\_\_\_\_

1. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the Circuit Court of \_\_\_\_\_ County, \_\_\_\_\_  
Judge \_\_\_\_\_ presiding, ordered a decree of adoption in the case of the child and the parents described above.

2a. Signed and Sealed by \_\_\_\_\_ 2b. Date \_\_\_\_\_  
Clerk of Circuit Court

**FEE:** State Law requires a \$20.00 fee made payable to "The Office of Vital Statistics" for filing a new birth certificate for a Florida birth resulting from adoption. This fee includes the issuance of one certification of the new certificate. Certification of the new certificate cannot be provided prior to the payment of this fee.

# INSTRUCTIONS

## TYPE OR PRINT IN BLACK INK

*(Prompt submission of this statement, when properly completed, will ensure the timely filing of a new birth certificate.)*

Pursuant to s. 63.152, Florida Statutes, within 30 days after entry of a judgment of adoption, the clerk of the court, and in agency adoptions, any child-placing agency licensed by the department, shall prepare a certified statement of the entry for the State Registrar of Vital Statistics on a form provided by the registrar. A new birth record containing the necessary information supplied by the certificate shall be issued by the registrar on application of the adoptive parent(s) or the adopted person.

Provide all information. This will ensure timely filing of a new birth certificate. Providing contact information is critical in case contact with the person completing the form and/or the attorney is needed to obtain additional or clarifying information.

**Section B.** Complete all information regarding both mother/parent and father/parent regardless of whether a stepparent adoption or two new parents. This information is required for completion of a new birth certificate. In the case of a stepparent adoption, the information allows us to verify information already on file.

**Fee:** If the fee is accompanying this statement, please **DO NOT** send cash. Please send a check or money order made payable to the Office of Vital Statistics. DH Form 429, Application for Amendment to Florida Birth Record, should be used when remitting the fee. This will ensure that the new certificate is mailed to the appropriate party as listed on the application.

If the fee is not remitted at the time of the submission of this statement, the birth record, if the birth occurred in Florida, shall be amended and the record flagged for collection of the Amendment/Processing fee at the time certification of the new record is requested.

Upon receipt of the report of adoption from a clerk of the court, as heretofore provided for, or upon receipt of a certified copy of a final decree of adoption, together with all necessary information, the State Registrar shall make and file a new birth certificate. All names and particulars entered in the new certificate shall refer to the adoptive parents. The original birth record and court documents shall be sealed only to be opened pursuant to a court order or other provision as may be provided for in Florida law.

Form is also used for adoption of foreign child pursuant to s. 382.017, F.S. which allow the creation of a Certificate of Foreign Birth. Forms may be obtained through our website below.

**OUT OF STATE BIRTHS – ADOPTIONS GRANTED IN FLORIDA:** Although birth certificates for these children are not placed on file in our state, the adoption report sent to our office from the court shall be forwarded to the appropriate registration authority in the state of birth. **DO NOT** remit the fee when the birth occurred outside of the State of Florida.

If you have any questions regarding the completion of this form, you may contact the Office of Vital Statistics at (904) 359-6900, ext. 9001.

### **MAIL THIS FORM WITH PAYMENT AND APPLICATION (DH 429) TO:**

DEPARTMENT OF HEALTH  
OFFICE OF VITAL STATISTICS  
ATTN: ADOPTION UNIT  
P.O. BOX 210,  
Jacksonville, FL 32231-0042  
(Street Address: 1217 North Pearl Street, Jacksonville, Florida, 32202)

### **PLEASE VISIT OUR WEBSITE:**

[www.FloridaVitalStatisticsOnline.com](http://www.FloridaVitalStatisticsOnline.com)