

STATE OF NORTH CAROLINA

_____ COUNTY

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

FOR THE ADOPTION OF

REPORT TO VITAL RECORDS
(NOT STEPPARENT OR ADULT)

(Full name by which adoptee is to be known)

Petition for adoption was filed on the _____ day of _____, _____.

The undersigned Clerk of the Superior Court approved the adoption and granted a Decree of Adoption for said child to the petitioner(s), _____ and _____,
(Full name of petitioning parent 1) (Full name of petitioning parent 2)

on the _____ day of _____, _____, and ordered that the said child shall be known

as:
(Full name by which adoptee is to be known)

FIRST _____

MIDDLE: _____

LAST: _____

as provided by law.

The court authorizes the _____ Vital Records Office to prepare a new birth
(State of child's birth)

certificate for said child which shall contain the full adoptive name of child, sex, race, date of birth, full name of adoptive parent 1, and full name of adoptive parent 2, according to the following information which is believed to be accurate. The new certificate shall contain no reference to the adoption of the child and shall not refer to the adoptive parents in any way other than as the adoptee's parents.

This _____ day of _____, _____,

Clerk Superior Court

(S E A L)

_____ County

CHILD

Full name of child _____ Sex ____ *Race ____ **Ethnicity ____
(As entered on original birth certificate)

Date of birth _____
(Month) (Day) (Year)

Place of birth _____
(City or town) (County) (State or foreign country)

If birth occurred in a hospital or institution, give name and address _____

Full name of birth or prior adoptive parent 1 _____ Sex ____ *Race ____ **Ethnicity ____
(First) (Middle) (Maiden) (Married)

Full name of birth or prior adoptive parent 2 _____ Sex ____ *Race ____ **Ethnicity ____
(First) (Middle) (Maiden) (Married)

Full name of legal father _____ Sex ____ *Race ____ **Ethnicity ____

ADOPTIVE PARENT 1

Full name _____ Sex ____ *Race ____ **Ethnicity ____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes ____ No ____

ADOPTIVE PARENT 2

Full name _____ Sex ____ *Race ____ **Ethnicity ____
(First) (Middle) (Maiden) (Married)

Date of birth _____ Place of birth _____
(Month) (Day) (Year) (County) (State or foreign country)

Relationship to child _____ Single parent: Yes ____ No ____

Present address of adoptive parent(s): _____
(address)

(City) (State) (Zip Code)

Telephone No. _____

*Race: American Indian or Alaskan Native=AIorAN; Asian=A, Black or African American=B; Native Hawaiian or Other Pacific Islander=PI; White=W
**Ethnicity: Hispanic or Latino=H; Not Hispanic or Latino =NH

NOTE: One DSS-1815 is filled in by the Department of Social Services or licensed private child-placing agency for presentation to the Clerk of Superior Court. When the Decree of Adoption is issued, the Clerk signs the DSS-1815 and forwards it to the Division of Social Services, State Department of Health and Human Services, to be referred to the Vital Records Office of the state in which the child was born.