

STATE OF NORTH CAROLINA

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

_____ COUNTY

_____ SP _____

Full name of petitioning parent

**REPORT TO VITAL RECORDS
(STEPPARENT ADOPTIONS)**

FOR THE ADOPTION OF

(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, _____,
(Full name of petitioning stepparent)

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: _____
Generation (Jr., Sr., III, etc.) _____

as provided by law. The court authorizes the _____ Vital Records Office to
(State of child's birth)
prepare a new birth certificate for said child which shall contain the full adoptive name of child, sex, race, date of birth, full name of adoptive father or mother, as well as the biological parent who is the spouse of the adoptive parent, 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 parent in any way other than as the adoptee's parent.

This _____ day of _____, _____

Clerk Superior Court

(S E A L)

_____ County

CHILD

Full name of child _____

(Full name of child as entered on original or most recent birth certificate)

Sex _____ *Race _____ **Ethnicity _____

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 bio or prior adoptive parent 1/BIRTH FATHER if applicable _____

(First)

(Middle)

(Maiden)

(Married)

Sex _____ *Race _____ **Ethnicity _____

Full name of bio or prior adoptive parent 2/BIRTH MOTHER if applicable _____

(First)

(Middle)

(Maiden)

(Married)

Sex _____ *Race _____ **Ethnicity _____

Full name of legal father _____

Sex _____ *Race _____ **Ethnicity _____

ADOPTIVE STEPPARENT

Full name _____ R

(First)

(Middle)

(Maiden)

(Married)

Sex _____ *Race _____ **Ethnicity _____

Date of birth _____ Place of birth _____

(Month)

(Day)

(Year)

(County)

(State or foreign country)

PARENT WHO IS SPOUSE OF STEPPARENT

Full name _____
(First) (Middle) (Maiden) (Married)

Sex _____ *Race _____ **Ethnicity _____

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

Relationship to child _____

Where did adoptive parent live at the time the Petition for Adoption was filed: _____

(County)

Present address of adoptive parent: _____
(address)

(City) (State) (Zip Code)

Telephone No. _____

NOTE: THREE ORIGINAL DSS-5170's are 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-5170's and forwards them 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.

***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**