



NOTE: Sections 1 and 2 of this certificate are to be completed by the petitioner, attorney for the petitioner, or the child placing agency representative (as applicable) and filed along with the petition or decree. When the final order of adoption has been decreed, the clerk of court shall complete the certification information below in section 3. The clerk shall affix the seal of the court, sign the certification and forward this certificate to: The State Office of Vital Records, 1680 Phoenix Blvd, Suite 100, Atlanta, GA 30349.

At the State Office, birth records are available from January 1919 to present. A non-refundable vital record search fee has been established in accordance with GA Code Ann., 31-10 of the Official Code of Georgia in the amount of \$25.00. This fee includes a certified copy, if the record is found on file. In addition to the search fee, there is a processing fee for each order. Each additional copy, purchased at the same time, is \$5.00.

Example:	1 Processing Fee	\$10.00
	1 Search Fee	\$25.00
	+2 Additional Copies	\$10.00
		\$45.00

If this request is being mailed, please forward this completed form with a U.S. Money Order or certified check for the correct amount made payable to the State Office of Vital Records. **A valid copy of your Photo ID must accompany this request.** Please do not send cash by mail.

GA Code Ann., 31-10-26 states that certified copies of birth certificates be issued only to registrants (i.e. the person whose birth certificate is being requested) or any applicant having a direct and tangible interest such as a parent, guardian, or legal representative.

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: BEFORE ADOPTION

STATE FILE NUMBER		
FIRST NAME OF CHILD AT BIRTH	MIDDLE NAME OF CHILD	LAST NAME OF CHILD
SEX OF CHILD	DATE OF BIRTH (MONTH, DAY, & YEAR)	PLACE OF BIRTH (CITY, COUNTY, & STATE)
MOTHERS NAME AT BIRTH (FIRST, MIDDLE, LAST)		FATHERS NAME (FIRST, MIDDLE, & LAST)

Section 2: AFTER ADOPTION (INFORMATION FOR NEW BIRTH CERTIFICATE)

FIRST NAME OF CHILD	MIDDLE NAME OF CHILD	LAST NAME OF CHILD
CURRENT LEGAL NAME: FIRST NAME OF MOTHER/PARENT 1	MIDDLE NAME OF MOTHER/PARENT 1	LAST NAME OF MOTHER/PARENT 1
FULL NAME AT BIRTH: FIRST NAME OF MOTHER/PARENT 1	MIDDLE NAME OF MOTHER/PARENT/ 1	LAST NAME OF MOTHER/PARENT 1
CURRENT LEGAL NAME: FIRST NAME OF FATHER/PARENT 2	MIDDLE NAME OF FATHER/PARENT 2	LAST NAME OF FATHER/PARENT 2
FULL NAME AT BIRTH: FIRST NAME OF FATHER/PARENT 2	MIDDLE NAME OF FATHER/PARENT 2	LAST NAME OF FATHER/PARENT 2



CERTIFICATE OF ADOPTION • FORM 3927 (REVISED 02/2018)

MOTHER/PARENT 1 DATE OF BIRTH (MONTH, DAY, YEAR)	FATHER/PARENT 2 DATE OF BIRTH (MONTH, DAY, YEAR)
MOTHER/PARENT 1 PLACE OF BIRTH (CITY, COUNTY, STATE, OR COUNTRY)	FATHER/PARENT 2 PLACE OF BIRTH (CITY, COUNTY, STATE, OR COUNTRY)
MOTHER/PARENT 1 (PLEASE CHECK ONE) <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Natural Parent	FATHER/PARENT 2 (PLEASE CHECK ONE) <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Natural Parent
ADDRESS OF MOTHER/PARENT 1 AT TIME OF BIRTH (STREET, CITY, TOWN, STATE, & ZIP CODE)	
CURRENT ADDRESS OF ADOPTIVE PARENTS (STREET, CITY, TOWN, STATE, & ZIP CODE)	
PLEASE NOTE: A NEW BIRTH CERTIFICATE IN THE ADOPTED CHILD'S NEW NAME WHICH SHOWS THE ADOPTIVE PARENTS NAMES WILL BE PREPARED UNLESS THE BOX BELOW IS CHECKED. <input type="checkbox"/> Do not prepare a new certificate in the adopted child's new name which shows the adoptive parents name.	
SIGNATURE OF INFORMANT	TITLE OF INFORMANT
TYPE OR PRINT THE ATTORNEY'S NAME	TYPE OR PRINT THE ATTORNEY'S ADDRESS (STREET, CITY, STATE, & ZIP CODE)

Section 3: CERTIFICATION INFORMATION

DATE DECREE WAS ENTERED (MONTH, DAY, & YEAR)	COURT FILE NUMBER	COUNTY OF COURT
PLACE OF BIRTH AS INDICATED ON THE FINAL DECREE OF ADOPTION (CITY, COUNTY)		
SIGNATURE OF CLERK		
<hr/> I hereby certify that the final decree of adoption concerning the persons named above was entered in this court. Please place seal over signature.		