

STATE OF NORTH CAROLINA

_____ COUNTY

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

_____ SP _____

(Full name of petitioning father)

(Full name of petitioning mother)

MEDICAL EXAMINATION

AS PART OF REPORT TO THE COURT

FOR THE ADOPTION OF

(Full name by which adoptee is to be known if adoption granted)

This is to certify that I examined _____,
born _____, and am making the following report on my findings:

Signed _____, M.D.

Date _____, _____ Address _____

NOTE:

One Form DSS-1811 is filled in by physician for presentation by director of social services or licensed child-placing agency with Form DSS-1808 to the Clerk of Superior Court, who forwards it with the Decree of Adoption to the Division of Social Services, State Department of Health and Human Services.