

STATE OF NORTH CAROLINA

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

\_\_\_\_\_ COUNTY

\_\_\_\_\_ SP \_\_\_\_\_

\_\_\_\_\_  
(Full name of petitioning father)

\_\_\_\_\_  
(Full name of petitioning mother)

**REPORT TO VITAL RECORDS**

**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(s), \_\_\_\_\_ and \_\_\_\_\_,  
(Full name of petitioning father) (Full name of petitioning mother)

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and ordered that the said child shall be known as \_\_\_\_\_ as provided by law.  
(Full name by which adoptee is to be known)

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 father, and full maiden name of adoptive mother, 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 \_\_\_\_\_  
(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 biological mother \_\_\_\_\_ Race \_\_\_\_\_  
(First) (Middle) (Maiden) (Married)

Full name of biological father \_\_\_\_\_ Race \_\_\_\_\_

Full name of legal father \_\_\_\_\_ Race \_\_\_\_\_

(BOTH sections below must be completed, including stepparent adoptions)

**ADOPTIVE FATHER**

Full name \_\_\_\_\_ Race \_\_\_\_\_

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

Relationship to child \_\_\_\_\_ Single parent: Yes \_\_\_\_\_ No \_\_\_\_\_

**ADOPTIVE MOTHER**

Full name \_\_\_\_\_ Race \_\_\_\_\_  
(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 \_\_\_\_\_

Where did adoptive parent(s) live at the time the Petition for Adoption was filed: \_\_\_\_\_  
\_\_\_\_\_  
(County)

**Present address of adoptive parent(s):** \_\_\_\_\_  
(address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

**Telephone No.** \_\_\_\_\_

**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.