

Wyoming Adoptions

Adoptions process and the role of
Vital Records in Wyoming 2022

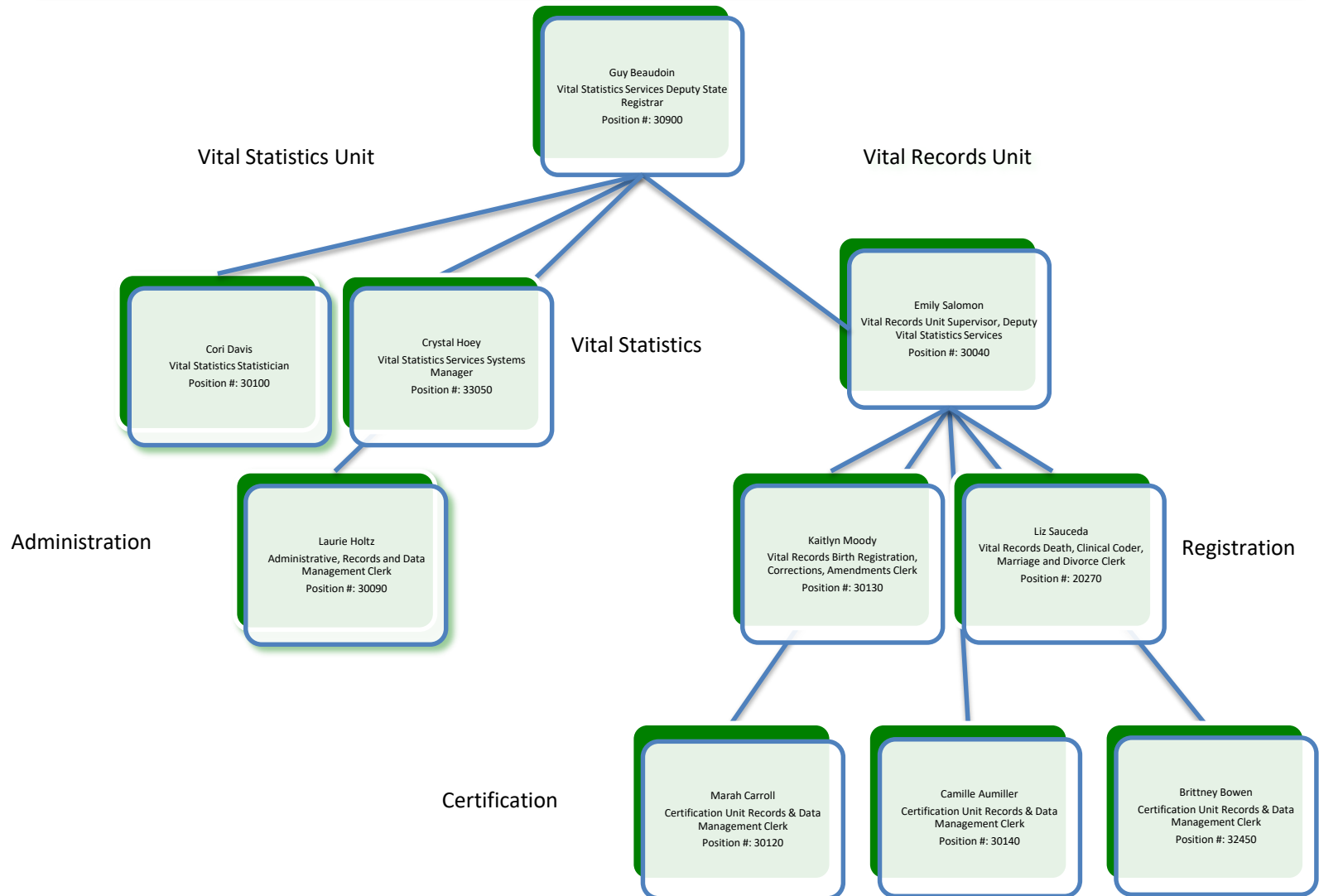
Agenda

- Intro – Name, type of law, ever filed an adoption in WY
- Vital Records – Overview
- Adoptions – Establishing the New Birth Certificate
 - Title(s) 1, 14 and 35
 - VSS System
 - Forms
- Decrees – Best Practices
- The VSS Process in the Electronic world – the way ahead
- The Clerk of District Court – Petition to Decree
- The Birth Certificate post Adoption
- Other Decrees/Orders and Vital Record Certificates
- Questions

Vital Records

- <https://health.wyo.gov/admin/vitalstatistics/>
- The Vital Statistics Services (VSS) Office was established by the state legislature in 1907. Compulsory registration of births and deaths began in 1909 and the registration of marriages and divorces in 1941.
- The VSS program has ten (10) authorized employees and houses over one (1) million records in electronic, paper, microfilm and microfiche format.

Vital Statistics Services - Organization



Adoptions Processed

| Year | Delayed Filing | Affidavit Acknowledging Paternity | Affidavit of Correction | One Year Corrections | Court Ordered Changes | Court Ordered Paternity | Adoptions | Foreign Born Adoption |
|--------------|-----------------------|--|--------------------------------|-----------------------------|------------------------------|--------------------------------|------------------|------------------------------|
| 2020 | 14 | 316 | 382 | 255 | 107 | 240 | 325 | 21 |
| 2021 | 5 | 296 | 453 | 309 | 130 | 265 | 364 | 18 |
| 2022* | 10 | 286 | 509 | 233 | 77 | 166 | 273 | 9 |

* Current Year to date

References/Resources (1)

- W.S. 1-22-101 through 117 (Adoption)
 - W.S. 1-22-201 through 203 (Confidential Intermediaries)
 - Indian Child Welfare Act (ICWA)
- W.S. 35-1-401 through 431 (Vital Records)
- Wyoming Vital Records, [Rules and Regulations](#), Chapter 4 (Adoption)
- W.S. 14-2-201 through 901 (Children and Parents)

References/Resources (2)

- Wyoming Vital Records website:
<https://health.wyo.gov/admin/vitalstatistics/adoptions/>
- Equal Justice Wyoming website:
<https://www.equaljustice.wy.gov/index.php/get-legal-help/self-help/family-law/adoptions>

Definition and Purpose of Adoption

- Adoption: (Merriam-Webster): the act of adopting and/or the state of being adopted.
 - To take or accept as one's own;
 - The action or fact of legally taking another's child and bringing it up as one's own.
- Who may be adopted in WY (W.S. 1-22-103)
 - Child (defined W.S. 1-22-101)
 - Adult (Consent)
- Type of Adoption (generally)
 - Foster Child Adoption
 - Infant Adoption
 - Adult Adoption
 - International Adoption
- Other(s)? – What about affidavits acknowledging paternity? Minors and Adults?

Brief History of Adoption and Birth Certificates

- Adoption
 - 1851 - U.S. Modern Adoption Law (MA implemented social and legal operation based on child's welfare)
 - 1970 – Peak of US adoption (175K)
 - 1996 – [Bastard Nation](#) seeking access to adoption records (OR one of the first to allow adoptees access to original birth certificates).
- Birth Certificates
 - U.S. began collecting national level data around 1902. VA and MA began in the 1630's.
 - 1907 Standard Form for birth registration (Census Bureau)
 - 1915 Current Process for Reporting Birth to Federal Government.
 - 1940(s) – Certificates were used as proof of U.S. Citizenship
 - 1946 – National Office of Vital Statistics now National Center for Health Statistics (NCHS)

Adoption Process

- Process in WY for vital records
 - Petition (1-22-104(c)(iv)) NO STANDARD FORM
 - Documents to be filed with Petition (Report of Adoption - standardized)
 - Report of Adoption for all adoptees containing the name of child prior to adoption, sex, DOB, POB, Birth Certificate number (via verification), natural mother's maiden name and natural father's name (if applicable).
 - Interlocutory decree (verification of birth)
 - Final decree (Single and Multiple adoptees)

Verification of Birth

CERTIFICATE OF BIRTH

State File Number: 149-Not Yet Filed

Name: Jane P Doe
Date Of Birth: 10/26/2012
Sex: F
Place of Birth County: Natrona
Maiden Name of Mother: Vanessa P Fawn
Mother's Place of Birth: Wyoming
Name of Father: Leland R Doe
Father's Place of Birth: Wyoming
Date Record Filed: 11/09/2012

Time Of Birth: 12:00
City: Casper
Date Of Birth: 11/12/1991
Date Of Birth: 06/12/1982

CERTIFICATE OF BIRTH

State File Number: 149-2012-006091

Name: Jane P Doe
Date Of Birth: 10/26/2012
Sex: F
Place of Birth County: Natrona
Maiden Name of Mother: Vanessa P Fawn
Mother's Place of Birth: Wyoming
Name of Father: Leland R Doe
Father's Place of Birth: Wyoming
Date Record Filed: 11/09/2012

Time Of Birth: 12:00
City: Casper
Date Of Birth: 11/12/1991
Date Of Birth: 06/12/1982

The Decree

- With the [Report of Adoption](#) being completed and used as a base document for the development of the Petition and the Final Decree, the process (using the report of adoption) should ensure consistency among the documents and minimize errors for completing the post adoption birth certificate.
- The Report of Adoption information is used to complete a new certificate on the appropriate “file/form” from the year the adoptee was born, pursuant W.S. 35-1-417(b).

Previous Years Birth Certificates

- 1945-1950s

FILED IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 114, SECTION 8-412, COMPILLED STATUTES, 1945

| PLACE OF BIRTH | | STATE OF WYOMING DEPARTMENT OF PUBLIC HEALTH DIVISION OF VITAL STATISTICS Cheyenne, Wyoming | | Do Not Write in This Space | |
|---|-----------------------------------|--|---|--|--|
| 1. County of | 2. Registration District No. | File No. | | | |
| Town of | | Registered No. | | | |
| City of | | | | | |
| No. St. | | | | | |
| If birth occurred in hospital or institution give name of same. | | | | | |
| 3. FULL NAME OF CHILD | | | | | |
| 4. Sex of Child | 5. Twin, Triplet, or Other? | 6. Number in order of birth (To be answered only in event of plural births) | 7. Date of birth (Month) (Day) (Year) | If child is not yet named, make supplemental report as directed. | |
| 8. FULL NAME FATHER | | 14. FULL MAIDEN NAME MOTHER | | | |
| 9. RESIDENCE (Usual place of abode) If nonresident, give place and State | | 15. RESIDENCE (Usual place of abode) If nonresident, give place and State | | | |
| 10. COLOR | | 16. COLOR | | | |
| 11. Age at Last Birthday (Years) | | 17. Age at Last Birthday (Years) | | | |
| 12. BIRTHPLACE (City or Place) (State or County) | | 18. BIRTHPLACE (City or Place) (State or County) | | | |
| 13. OCCUPATION Nature of Industry | | 19. OCCUPATION Nature of Industry | | | |
| 20. Number of children born to this (a) Born alive and now living. (b) Born alive and now dead. (c) Stillborn mother, including present birth. Number of children of this mother now living | | | | | |
| 21. What Prophylactic was used to prevent ophthalmia neonatorum? | | | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M. | | | | | |
| (When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.) | | | | | |
| Signature | | | | | |
| (Physician or Midwife) | | | | | |
| Given name added from supplemental report | | | | | |
| Address | | | | | |
| Filed | | | | | |
| Registrar. 19 Registrar. | | | | | |

- 1959-1960s

This is a permanent record. If filled in with typewriter, use new black ribbon. If entries are made in longhand, use unruled black ink. This record is not only prolong the life of the record, but will insure a perfect copy when reproduced in photostatic.

In case of twins or triplets, use a separate blank for each child, starting in item 5b the order of birth of each child.

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

STANDARD CERTIFICATE OF LIVE BIRTH

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

BIRTH NO. 149

| LOCAL REGISTRAR'S NO. | | 1. PLACE OF BIRTH | | 2. USUAL RESIDENCE OF MOTHER (When does mother live?) | |
|---|--|-------------------|-------------------|---|-------------------|
| a. COUNTY | b. CITY (If outside corporate limits, write RURAL) | a. STATE | b. COUNTY | a. CITY (If outside corporate limits, write RURAL) | b. CITY |
| c. CITY (If outside corporate limits, write RURAL) | d. TOWN | e. STREET ADDRESS | f. STREET ADDRESS | g. STREET ADDRESS | h. STREET ADDRESS |
| 3. CHILD'S NAME | | | | | |
| a. (First) b. (Middle) c. (Last) | | | | | |
| 4. SEX | | | | | |
| 5a. THIS BIRTH SAMPLE | | | | | |
| 5b. IF TWIN OR TRIPLET (This child born) 1ST 2ND 3RD | | | | | |
| 6. DATE OF BIRTH (Month) (Day) (Year) | | | | | |
| 7. FULL NAME | | | | | |
| a. (First) b. (Middle) c. (Last) | | | | | |
| 8. COLOR OR RACE | | | | | |
| 9. AGE (At time of this birth) YEARS | | | | | |
| 10. BIRTH PLACE (City or Town, State or foreign country) | | | | | |
| 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY | | | | | |
| MOTHER OF CHILD | | | | | |
| 12. FULL MAIDEN NAME | | | | | |
| a. (First) b. (Middle) c. (Last) | | | | | |
| 13. COLOR OR RACE | | | | | |
| 14. AGE (At time of this birth) YEARS | | | | | |
| 15. BIRTHPLACE (City or Town, State or foreign country) | | | | | |
| 16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (This section MUST be filled out) | | | | | |
| 17. INFORMANT | | | | | |
| 18a. SIGNATURE 18b. ADDRESS | | | | | |
| 19. DATE REC'D BY LOCAL REG. | | | | | |
| 20. REGISTRAR'S SIGNATURE | | | | | |
| 21. DATE ON WHICH GIVEN NAME ADDED (Register) | | | | | |
| FOR MEDICAL AND HEALTH USE ONLY (This section MUST be filled out) | | | | | |
| 22a. LENGTH OF PREGNANCY WEEKS 22b. WEIGHT AT BIRTH LB. OZ. 22c. USUALLY 22d. MOTHER'S MAILING ADDRESS | | | | | |
| 23a. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOUR 23b. EASY OPERATIONS 23c. DESCRIBE ANY BIRTH INJURY | | | | | |
| 24. DESCRIBE ANY CONGENITAL MALFORMATIONS 24a. WAS PROPHYLACTIC DRUG USED IN BIRTH'S EYES? YES NO STATE DRUG 24b. LAB TEST MADE | | | | | |
| 25. BLOOD FOR SEROLOGICAL LAB. TEST WAS NOT TAKEN 25a. LAB TEST MADE | | | | | |

Previous Years Birth Certificates (2)

- 1970s-1980s

SHARGLYN RESERVATORY PUBLIC HEALTH
This is a permanent record. If filled in with typewriter, use new black ribbon. If entries are made in longhand, use unfringed black ink. This will not only prolong the life of the record, but will insure a perfect copy when reproduced in photostatic.
In case of twins or triplets, use a separate blank for each child, stating in Item 5b the order of birth of each child.

STANDARD CERTIFICATE OF LIVE BIRTH
STATE OF WYOMING
DIVISION OF PUBLIC HEALTH
DIVISION OF VITAL STATISTICS

LOCAL REGISTRAR'S NO. _____ BIRTH NO. **149-**

1. PLACE OF BIRTH
a. COUNTY _____ b. CITY, TOWN, OR LOCATION _____

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE _____ b. COUNTY _____

3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
a. STREET ADDRESS _____

4. IS PLACE OF BIRTH INSIDE CITY LIMITS?
YES ☐ NO ☐

5. NAME
First _____ Middle _____ Last _____

6. SEX
a. THIS BIRTH _____ b. IF TWIN OR TRIPLET, WAS CHILD BORN _____ c. DATE OF BIRTH _____

7. NAME
First _____ Middle _____ Last _____

8. COLOR OR RACE _____

9. AGE (At time of this birth) _____ 10. BIRTHPLACE (State or foreign country) _____ 11a. USUAL OCCUPATION _____ 11b. KIND OF BUSINESS OR INDUSTRY _____

12. MAIDEN NAME
First _____ Middle _____ Last _____

13. COLOR OR RACE _____

14. AGE (At time of this birth) _____ 15. BIRTHPLACE (State or foreign country) _____ 16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)
a. How many _____ b. How many OTHER children were born alive but are now dead? _____ c. How many OTHER children were born dead but are now living? _____

17. INFORMANT
Name _____ Relationship _____

18. MOTHER'S MAILING ADDRESS _____

19a. SIGNATURE _____ 19b. ATTENDANT AT BIRTH
M. D. ☐ D. O. ☐ MIDWIFE ☐ OTHER (Specify) _____

20. DATE REC'D BY LOCAL REG. _____ 21. REGISTRAR'S SIGNATURE _____ 22. DATE ON WHICH GIVEN NAME ADDED _____

FOR MEDICAL AND HEALTH USE ONLY
(This section must be filled out)

23. LENGTH OF PREGNANCY _____ 23a. WEIGHT AT BIRTH _____ 23b. LEGITIMATE AND LABOR _____ 23c. STATE ANY COMPLICATIONS OF PREGNANCY _____

24. DESCRIBE ANY CONGENITAL MALFORMATIONS _____ 25. WAS PROPHYLACTIC DRUG USED IN BIRTH'S TEST _____

26. BLOOD FOR SEROLOGICAL LAB. TEST WAS _____ 27. LAB TEST MADE _____

- 1985-1991

STATE OF WYOMING
DIVISION OF HEALTH AND MEDICAL SERVICES
CERTIFICATE OF LIVE BIRTH **149-**

1. CHILD-NAME
FIRST _____ MIDDLE _____ LAST _____

2. DATE OF BIRTH (Mo., Day, Yr.) _____

3. COUNTY OF BIRTH _____

4. CITY, TOWN OR LOCATION OF BIRTH _____

5. NAME AND TITLE OF ATTENDANT AT BIRTH (If other than CERTIFIER, give name and title)
Name _____ Title _____

6. MOTHER'S MAIDEN NAME
FIRST _____ MIDDLE _____ LAST _____

7. RESIDENCE-STATE _____ CITY, TOWN OR LOCATION _____

8. MOTHER'S MAILING ADDRESS (If same as above, enter ZIP Code only) _____

9. FATHER'S NAME
FIRST _____ MIDDLE _____ LAST _____

10. DATE RECEIVED BY REGISTRAR (Month, Day, Year) _____

11. AGE (At time of birth) _____

12. STATE OF BIRTH (If not in U.S.A., name country) _____

13. STREET AND NUMBER OF RESIDENCE _____

14. INSIDE CITY LIMITS (If not, give name of city) _____

15. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief.
(Signature of Father) _____

16. RELATION TO CHILD _____

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

17. BIRTH WEIGHT _____

18. THIS BIRTH (Single, twin, triplet, etc.) _____

19. WAS MOTHER MARRIED AT TIME OF CONCEPTION OR BIRTH? _____

20. EDUCATION-MOTHER _____

21. EDUCATION-FATHER _____

22. PREVIOUS NORMAL DELIVERIES _____

23. PREVIOUS NORMAL DELIVERIES _____

24. PREVIOUS NORMAL DELIVERIES _____

25. CONCURRENT ILLNESSES OR CONDITIONS AFFECTING THE PREGNANCY (Describe or write "none") _____

26. COMPLICATIONS OF LABOR AND/OR DELIVERY (Describe or write "none") _____

27. CONGENITAL MALFORMATIONS OR ANOMALIES OF CHILD (Describe or write "none") _____

Current Birth File Copy

- Current -

| LOCAL FILE NUMBER | | STATE OF WYOMING DEPARTMENT OF HEALTH CERTIFICATE OF LIVE BIRTH | | BIRTH NUMBER | |
|---|--|---|--|---|---|
| CHILD | 1. CHILD'S NAME (First, Middle, Last, Suffix) | 2. TIME OF BIRTH | 3. SEX | 4. DATE OF BIRTH (Mo/Day/Yr) | |
| | 5. FACILITY NAME (If not institution, give street and number) | 6. CITY, TOWN OR LOCATION OF BIRTH | | 7. COUNTY OF BIRTH | |
| MOTHER | 8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) | | 8b. DATE OF BIRTH (Mo/Day/Yr) | | |
| | 8c. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix) | | 8d. BIRTHPLACE (State or Foreign Country) | | |
| | 9a. RESIDENCE OF MOTHER — STATE | 9b. COUNTY | 9c. CITY, TOWN OR LOCATION | | |
| | 9d. STREET AND NUMBER | 9e. APT. NO. | 9f. ZIP CODE | 9g. INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| FATHER | 10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix) | | 10b. DATE OF BIRTH (Mo/Day/Yr) | | 10c. BIRTHPLACE (State or Foreign Country) |
| CERTIFIER | 11. I certify that this child was born alive at the place and time and on the date stated. Signature _____ | | 12. DATE SIGNED (Mo/Day/Yr) | | 13. CERTIFIER'S NAME AND TITLE (Type or Print) <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> HOSPITAL ADMIN. <input type="checkbox"/> CNM/CM <input type="checkbox"/> OTHER MIDWIFE <input type="checkbox"/> OTHER (Specify) _____ |
| | 14. REGISTRAR'S SIGNATURE | | | | 15. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) |
| INFORMATION FOR ADMINISTRATIVE USE | | | | | |
| MOTHER | 16. MOTHER'S MAILING ADDRESS: <input type="checkbox"/> Same as residence, OR State: _____ City, Town or Location: _____ Street and Number: _____ Apt. No.: _____ Zip Code: _____ | | | | |
| | 17. MOTHER MARRIED? (At birth, conception or any time between) IF YES, WAS MOTHER MARRIED TO FATHER? | | 18. HAS FATHER SIGNED PATERNITY ACKNOWLEDGEMENT? HAS HUSBAND SIGNED DENIAL AFFIDAVIT? | | |
| | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | 19. INFORMATION RELEASED TO OBTAIN A SOCIAL SECURITY NUMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 20. INFORMATION RELEASED TO ENROLL CHILD IN IMMUNIZATION REGISTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | 21. MOTHER'S SOCIAL SECURITY NUMBER | | 22. FATHER'S SOCIAL SECURITY NUMBER | | |

Process in Action

- Parents decide to adopt
 - Pro Se
 - With Counsel
- Petition Court
 - Complete Report of Adoption (certified by clerk) – “best info”
 - Petition
- Initial Proceeding
 - Interlocutory agreement
- Final Proceeding
 - Report of Adoption (verified the information matches)
 - Final Decree
- Clerk Enters the data into the VSS System
- Attorney or petitioner(s) submit request for birth certificate



sueswithsystemfunctionpleasecontactPeggyWilson

User: gbeaudoin

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VITAL STATISTICS SERVICES

Wyoming
Department
of Health

Adoption

Birth

Marriage

Divorce

Death

Fetal Death

Reports

Receipt

Order Certs

Go Back

QA

Admin

Portal

Search

New

Inbox

Duplicate Records

Adoption Search

Criteria

Child's Name

First:

Last:

Mother's Maiden Name

First:

Last:

Mother's SSN

SSN

State File Number

yyyy-xxxxxx

Confidential Envelope #

County

Birth Date

Exact:

Year Only:

From:



Decree Date

Exact:

Year Only:

From:



Status

Court

Search

VSS Adoption Processing

Adoption

Birth

Marriage

Divorce

Death

Fetal Death

Reports

Receipt

Order Certs

Go Back

Admin

Portal

SearchNewInboxDuplicate Records

OwnershipSignaturesReportNotesAttachmentsHistoryChange Log

Child Name: Testing, Jamie Test

Status: PendingClerk

Documents Received Date

Adoption Ownership

Ownership

County:

Court:

Report of Adoption Form

Checklist for Completing the Wyoming Report of Adoption

Requirements for Petitioner:

A Report of Adoption must be completed for each child prior to petitioning a Wyoming court for adoption.

Before submitting the Report of Adoption to the court please ensure:

- ☐ The Child's Full Name, Date of Birth, and Place of Birth as it appears on the birth certificate prior to adoption are provided. (Part I)
- ☐ The Full Name of the Child as it should appear on the birth certificate after adoption is provided. (Part II)
- ☐ All items on the form are completed. Review the information listed and ensure it is correct and signed by all appropriate parties.
- ☐ Submit completed Report of Adoption (Parts I & II) to the court in which the adoption is being filed.

Requirements for Wyoming Clerk of District Court:

- ☐ Verify all items on the form are completed and match the information contained in the Final Decree of Adoption.
- ☐ Complete Part III and forward the Report of Adoption to VSS, along with a certified copy of the Final Decree of Adoption.

ATTENTION PETITIONER:

In order to process the filing of an adoption FOR A WYOMING BIRTH (including the issuance of an updated birth certificate) Vital Statistics Services requires the following:

- ☐ An original certified copy of the Final Decree of Adoption*
- ☐ An original certified copy of the Report of Adoption*
- ☐ A Request for Birth Certificate Following Adoption (form available on our website: <https://health.wyo.gov/admin/vitalstatistics/adoptions/>)
 - o Requires a copy of a valid government issued photo identification or attorney bar card
 - o Requires a \$55.00 filing fee

Please send these items to:

Vital Statistics Services
Attn: Adoptions Specialist
Hathaway Building
2300 Capitol Avenue
Cheyenne, WY 82002

If the child was not born in Wyoming, please contact the Vital Records office in the state where the child was born. Their information can be located by accessing www.cdc.gov/nchs, then clicking on the link for where to write for birth records.

*If the adoption was filed in a Wyoming court, the court will forward these documents to Vital Statistics Services.

State of Wyoming Report of Adoption

Parts I and II of this form should be completed by the Petitioner or the Attorney for the Petitioner prior to petitioning the court for the adoption. Only one child may be listed per form. Part III must be completed and certified by the Clerk of Court. All information stated in the Final Decree and Report of Adoption must be in agreement with the information that is on the original birth certificate. Each Report of Adoption must be accompanied by a certified copy of the Final Decree of Adoption. Certified copies must bear an original signature and a raised or multi-colored seal. Informal decrees are not acceptable for use as the Final Decree of Adoption.

Part I – Information to Locate Original Birth Certificate

Name of Child Prior to Adoption _____ Sex _____
First Middle Last

Date of Birth _____ Place of Birth _____ Certificate No. (If Known) _____
City & State

First Middle Last Maiden Surname

First Middle Last Maiden Surname

Part II – Information After Adoption – This information is required to create a new birth certificate.

Name established by Decree _____
First Middle Last

Full Name of Mother/Parent _____ Natural ☐ Adoptive ☐
First Middle Last Maiden Surname

Date of Birth _____ Place of Birth _____
(State or Foreign Country)

(Street Address) (City) (State) (Zip Code)

Full Name of Father/Parent _____ Natural ☐ Adoptive ☐
First Middle Last Maiden Surname

Date of Birth _____ Place of Birth _____
(State or Foreign Country)

Current Residence of Adoptive Parent(s) _____
(Street Address) (City) (State) (Zip Code)

Signature of Informant _____ Petitioner ☐ Attorney for Petitioner ☐

Attorney/Petitioner Printed Name _____ Attorney Bar No. _____

Address _____

Phone: _____ Email _____

Part III – Certification of the Clerk of the Court

In the matter of the adoption of the child identified above, Docket Number _____, issued by the _____
Court, County of _____, State of _____

I certify that on the _____ day of _____, 20____ the above mentioned court
ordered a Final Decree of Adoption in the case of the child and parents described above. The child is now to bear the
name: _____

Authorized Signatory _____ Office _____

Raised or _____ Date _____
Multi-Colored Seal

Report of Adoption VSS

Adoption - New Report of Adoption

Submit To

Out of State? ☐

County:

Court:

Part 1: Information to Locate Original Birth Certificate

State File # (if known):

Name of Child Prior to Adoption:

First:

Middle:

Last:

Suffix:

Sex:

Date of Birth:

Birthplace:

City:

County:

State:

Country:

Hospital:

☐ Is Safe Haven?

☐ Is Birth Mother Unknown?

Natural Mother/Parent:

First:

Middle:

Last:

Suffix:

Maiden:

Note: If Maiden Name is the same as last name, enter the last name

Natural Father/Parent:

First:

Middle:

Last:

Suffix:

Maiden:

Note: If Maiden Name is the same as last name, enter the last name

Report of Adoption VSS

Adoption - New Report of Adoption

Submit To

Out of State? ☐

County:

Court:

Name of Child After Adoption:
First:
Middle:
Last:
Suffix:

Adoptive Mother/Parent:
☐ Single Parent Adoption/No Adoptive Mother
First:
Middle:
Last:
Suffix:
Title:
Maiden:
Note: If Maiden Name is the same as last name, enter the last name
Mother/Parent is:
Date of Birth:
Birthplace:
State:
Country:

Adoptive Parent's Residence At Time Of Child's Birth:

Name
Street:
Line 2:
City:
County:
State:
Zip:
Country:

Adoptive Father/Parent:
First:
Middle:
Last:
Suffix:
Title:
Maiden:
Note: If Maiden Name is the same as last name, enter the last name
Father/Parent is:
Date of Birth:
Birthplace:
State:
Country:

Adoptive Parent's Current Residence:

Name
Street:
Line 2:
City:
County:
State:
Zip:
Country:

Report of Adoption (Attorney Signature)

Adoption Signatures

Signatures

Informant

Name:

First:

Colby

Middle:

Kenneth

Last:

Sturgeon

Phone:

307-352-5523

Email:

colby.sturgeon@gmail.com

Informant is:

Attorney

Business/Firm:

Eddington and Sturgeon Law Offices

Bar State:

Wyoming

Bar Number:

7-6081

Physical Address:

Enter location/address for auto-complete

| | # | Name |
|------------|------|---------------|
| Street: | 2210 | East A Street |
| Line 2: | | |
| City: | | Torrington |
| County: | | Goshen |
| State: | | Wyoming |
| Zip: | | 82240-2468 |
| Country: | | United States |
| Latitude: | | 42.066111 |
| Longitude: | | -104.1831547 |

Copy Address From

Mailing Address:

Enter location/address for auto-complete

| | # | Name |
|------------|---|---------------|
| Street: | | |
| Line 2: | | P.O. Box 848 |
| City: | | Torrington |
| County: | | Goshen |
| State: | | Wyoming |
| Zip: | | 82240 |
| Country: | | United States |
| Latitude: | | |
| Longitude: | | |

Copy Address From

Signature Date:

12/06/2022

Sign

Clerks Attach Completed Documents

Child Name: Records, Jane

Status: New

Documents Received Date 

Adoption Attachments

Media Type:

Add an Attachment: No file chosen

| File | Type | Modify Date | User | Delete |
|--|----------------------------|----------------------|-----------|------------------------|
| RecordsAD2021-000016.pdf | Final Decree | 10/7/2021 2:51:04 PM | gbeaudoin | Delete |
| WDH_VSS-Report-of-Adoption-Form-1b-2021Corrected.pdf | Scanned Report of Adoption | 10/7/2021 2:51:43 PM | gbeaudoin | Delete |
| WDH_VSS-Adoption-Application-Form-1b-2021Corrected.pdf | Correspondence | 10/7/2021 2:49:52 PM | gbeaudoin | Delete |
| BirthAbstract.Doe.20121026 copy.pdf | Original Certificate | 10/7/2021 2:51:19 PM | gbeaudoin | Delete |


[Archived Attachments](#)

[Deleted Attachments](#)


Report of Adoption (Clerk Signature)

Clerk of Court

Docket Number:

Decree Date: 

Court: Clerk of Court, Natrona County District Court

Signature: Signature Date: 

Sign

Sign

Adoption Final (VSS Signature)

Vital Statistics

not linked: Doe, Jane - 10/26/2012 - #

[Link](#)

State File Id

Date Sealed



Confidential Envelope #

[Complete](#)

[Save](#)

[Delete](#)

Court Ordered Changes

- Adoptions for children born outside WY
- Adoptions of children of Native American Blood
- Foreign Born Adoptions
- Name Changes: Unless specified – No change to birth certificate (Corrections and Amendments)
- Court ordered changes to vital records – following one year, no “changes” are to be made to the certificate without an amendment via affidavit
- Court ordered paternity; establishing or removing parent. Be specific “vital records add” or “vital records remove” xxx.

Items of interest

- Meaning of “single” in adoption law
<https://cowboystatedaily.com/2021/05/05/wyoming-supreme-court-justices-spar-over-meaning-of-single-in-adoption-laws/>
- Jurisdiction Over “International” (foreign born) adoptions
<https://cowboystatedaily.com/2020/12/28/wyoming-supreme-court-says-wyoming-has-jurisdiction-over-international-adoptions/>

Questions/Notes