

# Statement of Citizenship and Residency

Type or print in ink

**ERASURES, CROSS-OUTS OR ANY OTHER ALTERATIONS ARE UNACCEPTABLE.**

This form must be completed by at least one adoptive parent following the adoption of a foreign-born child. This parent must be both a United States citizen and a Pennsylvania resident at the time of the child's adoption.

## ADOPTIVE CHILD'S INFORMATION

<b>NAME AFTER ADOPTION:</b>	
<b>DATE OF BIRTH:</b>	

## ADOPTIVE MOTHER'S/PARENT'S INFORMATION

<b>MOTHER'S/PARENT'S NAME:</b>	
<b>PHONE NUMBER:</b>	
<b>CURRENT RESIDENTIAL ADDRESS:</b>	Street address:
	City, state and zip code:
	County:
<b>U.S. CITIZENSHIP:</b>	<input type="checkbox"/> I was born in the United States or one of its territories.  <input type="checkbox"/> I was not born in the United States or one of its territories. Therefore, I am enclosing a photocopy of documentary evidence to support my United States citizenship. (Examples include a U.S. Passport, Consular Report of Birth Abroad, U.S. Certificate of Naturalization, U.S. Certificate of Citizenship, etc.)

I hereby certify that I am a citizen of the United States and a resident of Pennsylvania. I further certify that the foreign adoption degree for the child listed above was not previously registered or otherwise acted upon by a court of this commonwealth or any other state.

<b>DATE:</b>	
<b>SIGNATURE:</b>	

## ADOPTIVE FATHER'S/PARENT'S INFORMATION

<b>FATHER'S/PARENT'S NAME:</b>	
<b>PHONE NUMBER:</b>	
<b>CURRENT RESIDENTIAL ADDRESS:</b>	Street address:
	City, state and zip code:
	County:
<b>U.S. CITIZENSHIP:</b>	<input type="checkbox"/> I was born in the United States or one of its territories.  <input type="checkbox"/> I was not born in the United States or one of its territories. Therefore, I am enclosing a photocopy of documentary evidence to support my United States citizenship. (Examples include a U.S. Passport, Consular Report of Birth Abroad, U.S. Certificate of Naturalization, U.S. Certificate of Citizenship, etc.)

I hereby certify that I am a citizen of the United States and a resident of Pennsylvania. I further certify that the foreign adoption degree for the child listed above was not previously registered or otherwise acted upon by a court of this commonwealth or any other state.

<b>DATE:</b>	
<b>SIGNATURE:</b>	

**MAIL TO:** Pa. Department of Health  
Bureau of Health Statistics and Registries  
555 Walnut St., 6th Floor  
Harrisburg, PA 17101-1934