



Commonwealth of Kentucky
Cabinet for Health and Family Services

All persons take notice that this
FOREIGN ADOPTION CERTIFICATE OF REGISTRATION

certifies that the adoption of _____
born on _____ in _____
by _____

IS OFFICIALLY REGISTERED BY THE COMMONWEALTH OF KENTUCKY, PURSUANT
TO KRS 199.585 THIS _____ OF _____.

CERTIFIED ADOPTION # _____

Commissioner/Designee
Department for Community Based Services
Cabinet for Health and Family Services