

OHIO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
ADOPTION
AUTHORIZATION FOR RELEASE

Number _____

Date Received _____

DO NOT USE

This form is prescribed for the purpose of authorizing the release of identifying information pertaining to the biological parent of an adopted person in accordance with Section 3107.41 of the Revised Code.

Type or Print Legibly

1. Present name of biological parent _____
Last First Middle
2. Date or approximate date of final decree of adoption, if known _____
3. Name of biological parent at time of final decree of adoption _____

INFORMATION AS REPORTED ON ADOPTED INDIVIDUAL'S
ORIGINAL CERTIFICATE OF BIRTH

4. Child's name at birth Adoptee full name before _____
5. Date of birth 02/03/2001 _____
6. Place of birth _____
City County State

I hereby authorize the Bureau of Vital Statistics, Ohio Department of Health, to release, in accordance with Section 3107.41 of the Ohio Revised Code, identifying information pertaining to myself. I realize that the purpose of this release form is to enable the adopted person to obtain identifying information pertaining to their biological parent.

7. Signature of the biological parent _____ Date _____
8. Mailing address _____
Street Address City State Zip

(INSTRUCTIONS ON REVERSE)