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* NOTE: this form should only be used for cases previously granted where no adoptive birth certificate was ever created.

Ohio Department of Health

VITAL STATISTICS

INFORMATION CONCERNING ADOPTIVE PARENTS

Information provided on this form is to be used to establish a new certificate of birth for the adopted person pursuant to Section 3705.18 of the Ohio Revised Code. Upon the issuance of the new certificate, the original certificate of birth shall cease to be a public record.

<i>(Enter all information below item captions.)</i>																							
CHILD'S PERSONAL DATA																							
1. NAME OF CHILD BEFORE ADOPTION Adoptee full name before		2. NAME OF CHILD AFTER ADOPTION Adoptee full name after																					
3. PLACE OF BIRTH (City or village, county, state) Cincinnati, Ohio		4. DATE OF BIRTH (Month, Day, Year) February 4, 2001	5. SEX																				
ADOPTIVE PARENT(S)' PERSONAL DATA																							
The following information is to be given as of date of child's birth entered in item 4.																							
FATHER Relation to child - (Check one) <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Natural Father		MOTHER Relation to child - (Check one) <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Natural Mother																					
FATHER'S NAME (First, Middle, Last) New dad full name		MOTHER'S NAME (First, Middle, Last) New mom full name																					
DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or foreign Country)	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or foreign Country)																				
RACE (Specify - American Indian, Black, White, etc.)	ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc - Specify)	RACE (Specify - American Indian, Black, White, etc.)	ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc - Specify)																				
EDUCATION (Specify only highest grade completed) Elementary / Secondary (0-12) College (1-4 or 5+)	OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes - Specify Cuban, Mexican, Puerto Rican, etc.)	EDUCATION (Specify only highest grade completed) Elementary / Secondary (0-12) College (1-4 or 5+)	OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes - Specify Cuban, Mexican, Puerto Rican, etc.)																				
OCCUPATION AND BUSINESS / INDUSTRY Occupation Business / Industry		OCCUPATION AND BUSINESS / INDUSTRY Occupation Business / Industry																					
PARENTS' PRESENT MAILING ADDRESS		MOTHER'S RESIDENCE AS OF DATE IN ITEM 4 (Street and Number)																					
(Street or R.F.D. No)		(City, Town, or Location, County, State, Zip)																					
(City of Village)		PREGNANCY HISTORY (Complete each section) Previous pregnancies and adoptions by this mother. (NOTE - Include only older children and pregnancies terminated prior to the birth of this child)																					
(State, Zip Code)		<table border="1" style="width: 100%;"> <tr> <th colspan="2">LIVE BIRTHS (Do not include this Child)</th> <th colspan="2">OTHER TERMINATIONS (Spontaneous and induced)</th> </tr> <tr> <td>Now living</td> <td>Now dead</td> <td>Before 20 weeks</td> <td>20 weeks and after</td> </tr> <tr> <td>Number _____</td> <td>Number _____</td> <td>Number _____</td> <td>Number _____</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> <tr> <td colspan="2">DATE OF LAST LIVE BIRTH (Month, Year)</td> <td colspan="2">DATE OF LAST OTHER TERMINATION (Month, Year)</td> </tr> </table>		LIVE BIRTHS (Do not include this Child)		OTHER TERMINATIONS (Spontaneous and induced)		Now living	Now dead	Before 20 weeks	20 weeks and after	Number _____	Number _____	Number _____	Number _____	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	DATE OF LAST LIVE BIRTH (Month, Year)		DATE OF LAST OTHER TERMINATION (Month, Year)	
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DATE OF LAST LIVE BIRTH (Month, Year)		DATE OF LAST OTHER TERMINATION (Month, Year)																					

State of _____ SS
County of Whatever

AFFIDAVIT OF ADOPTIVE PARENT(S)

I, _____, bein first duly sworn, say that I am the adoptive
_____ of Adoptee full name after
(Father or Mother) (Name of child after adoption)
and to best of my knowledge the foregoing facts are true and I hereby request the issuance of a new certificate of birth for
Adoptee full name after pursuant to Section 3705.18 of the Ohio Revised Code.
(Name of child after adoption)

(Signature of adoptive parent)

Sworn to before me and subscribed in my presence, this _____ day _____, 20_____.

(Signature of notary) (Date commission expires) (Official Title) 5335.06
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