

Ohio Department of Health
Application for Release of Adopted Name

I, _____ being first duly sworn,
(Biological Parent or Sibling's Present Name)

say that I am the biological PARENT or SIBLING
(Circle One)

of: _____
(Adopted Person's Biological Name)

born on _____, in _____
Month Day Year City, County

born to _____
(Mother's Full Maiden Name)

I hereby request the Ohio Department of Health to provide me with the **adopted name** if the required Authorization of Release of Adopted Name (HEA 3036) form is on file. **Two forms of identification such as motor vehicle or commercial driver's license, identification card, marriage application, social security card, military identification card, or employee identification card must be submitted with the Application for Release of Adopted Name form.** I am aware that other items of identification may be required to verify my relationship to the adopted person. If I am the biological parent, my name **must** be present on the original birth record. If I am a biological sibling, I **must** provide a photocopy of my birth record listing one of the same parents present on the original birth record of the adopted person.

Signature of Biological Parent or Sibling

Date

Street Address

City

State

Zip Code

Sworn to before me and subscribed in my presence, this _____ day of _____ 20_____.
(Month) (Year)

(Signature of Notary Public)

(Date Commission Expires)

Section 3107.49 of the Ohio Revised Code states "A birth parent, or birth sibling age twenty-one or older, may submit a request to the department of health for assistance in finding an adopted person's name by adoption. The department shall examine the adopted person's adoption file to determine the adopted person's name by adoption and provide the birth parent or birth sibling with the adopted person's name by adoption if all of the criteria under this section of code are met."

— This form must be notarized prior to submission —

The completed authorization form should be mailed to:
Ohio Department of Health
Attn: Special Registration
P.O. Box 15098
Columbus, Ohio 43215