

Ohio Department of Health
Denial of Release for Biological Parent
(Adoptions finalized after September 19, 1996 to Present)

Section 3107.46 of the Ohio Revised Code states a birth parent , who did not check the “no” space provided on the form completed as part of the adoption process or birth parent, who signed an authorization of release form, may rescind that form by filing a denial of release form. **Two items of identification, such as motor vehicle or commercial driver’s license identification card, marriage record, social security card, military identification card, or employee identification card, must be submitted with the denial of release.**

Information as recorded on the adopted person’s original birth certificate			
Child’s name at birth: (First, Middle, Last)			
Date of Birth	Mother’s full maiden name		
City of Birth	County of Birth	State of Birth	Zip Code
<p>I do not authorize the release of identifying information about me, from the adoption file maintained by the Ohio Department of Health to the adoptive parent when the adoptee is at least 18, but younger than the age of 21 and to the adoptee, when he or she is age 21 or older. I understand I may change my mind at any time and as many times as I desire regarding the release of identifying information by signing, dating and filing a denial of release or authorization of release prescribed and provided by the Ohio Department of Health and by providing the Ohio Department of Health with two forms of identification.</p>			
Signature of birth parent(s)			
Street address	City	State	Zip Code

The complete denial of release for birth parent should be mailed to the:

Ohio Department of Health
Vital Statistics
P. O. Box 15098
Columbus, Ohio 43215

Ohio law requires that the birth parent receive a copy of the completed form.