

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/sibling of:

(adopted person's biological name)

born on _____, in _____,
month day year City, County

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. **Enclosed are copies of two items of identification.** 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

Street address

City State ZIP

Sworn to before me and subscribed in my presence, this _____ day of _____.
(month) (year)

Signature of Notary

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."

Section 3107.45(K) of the Ohio Revised Code defines "Items of identification" to include a motor vehicle driver's or commercial driver's license, an identification card, a marriage application, a social security card, a credit card, a military identification card, or an employee identification card.

The completed request form should be mailed to:

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