AUTHORIZATION FOR RELEASE - SIBLING

OHIO DEPARTMENT OF HEALTH
VITAL STATISTICS
ADOPTION

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

Number:
Date Received:
Office use only

Type or Print Legibly

1. Present name of biological sibling _____
   Last First Middle
2. Date or approximate date of petition for the adoption, if known _____
   Month Day Year
3. Name of biological sibling at time of petition for the adoption:

   _____
   Last First Middle

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

4. Child's name at birth _____
   Last First Middle
5. Date of birth_____
   Month Day Year
6. Place of birth _____
   City County State

I hereby authorize the Office 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 sibling.

7. Signature of the biological sibling _____

   Date_____

8. Mailing address _____
   Street Address City State Zip Code

(INSTRUCTIONS ON REVERSE)

HEA 2780 (Rev. 7/03)

APPENDIX T
3701-5-02

ADOPTION
AUTHORIZATION FOR RELEASE
INSTRUCTIONS

Section 3107.41 of the Revised Code provides that an adopted person 21 years of age or older may file a petition in an Ohio probate court for the release of identifying information pertaining to the adopted person's biological parents or biological sibling. Such identifying information may be provided to the adopted person if a valid authorization for release, completed by the biological parent or biological sibling, is on file with the Ohio Department of Health, Vital Statistics Division.

A biological parent cannot authorize the release of identifying information for the other biological parent. In order for identifying information to be released for both biological parents, each parent must complete and file an authorization for release form. A biological parent cannot authorize the release of identifying information pertaining to a biological sibling of the adopted person. The biological sibling cannot authorize the release of identifying information for the biological parents or another biological sibling.

A biological parent may request the release of additional information to the adopted person by providing such information on a separate sheet of paper. The additional information shall be signed, dated, and attached to the authorization for release. Such additional information cannot pertain to the other biological parent unless the other parent has filed an authorization for release of identifying information or to a biological sibling unless the sibling has filed an authorization for release of identifying information.

A biological sibling may request the release of additional information to the adopted person by providing such information on a separate sheet of paper. The additional information shall be signed, dated and attached to the authorization for release. Such additional information cannot pertain to the biological parents or another biological sibling.

ITEM 1. PRESENT NAME OF BIOLOGICAL SIBLING - The full name of the biological sibling at the time of completing the form.

ITEM 2. DATE OR APPROXIMATE DATE OF PETITION FOR THE ADOPTION, IF KNOWN - If unknown, state unknown.

ITEM 3. NAME OF BIOLOGICAL SIBLING AT TIME OF THE PETITION FOR THE ADOPTION - Biological sibling's surname, as it existed at the time the petition for the adoption was granted.

ITEM 4. CHILD'S NAME AT BIRTH - Adopted child's complete name as reported on original certificate of birth completed at the time of birth.

ITEM 5. DATE OF BIRTH - The date of the adopted person's birth.

ITEM 6. PLACE OF BIRTH - The city, county, and state in which the adopted person was born.

ITEM 7. SIGNATURE OF BIOLOGICAL SIBLING - The legal signature of the biological sibling that is authorizing the release of identifying data. This item should also be completed with the date signed.

ITEM 8. MAILING ADDRESS - The complete current mailing address of the biological sibling completing the authorization for release.

The completed authorization for release form should be mailed to Ohio Department of Health, Vital Statistics, 35 East Chestnut Street, P.O. Box 118, Columbus, Ohio 43216-0118.