Ohio Department of Health • Vital Statistics

Adoption
Withdrawal of Authorization for Release—Sibling

This form is prescribed for the purpose of withdrawing an authorization for the release of identifying information pertaining to the biological parent of an adopted person in accordance with Section 3107.40 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 the authorization for release was filed

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

Ci	County	State

I hereby withdraw the authorization for release of identifying information pertaining to myself that was filed with Vital Statistics, Ohio Department of Health, in accordance with Section 3107.41 of the Revised Code.

7. Signature of the biological sibling

Signature	Date

8. Mailing address

Street address	City	State	ZIP

— Instructions on reverse side —

HEA 2775 (Rev 7/03)

APPENDIX V
3701-5-02

Adoption
Withdrawal of Authorization for Release Information

Section 3107.41 of the Revised Code provides that an adopted person 21 years of age or older may file a petition in a probate court for the release of identifying information pertaining to the adopted person's biological parents or biological siblings. 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.

Section 3107.40 of the Revised Code provides that a biological parent or biological sibling may withdraw an authorization of release that was completed and filed with the Ohio Department of Health, Vital Statistics.

The authorization of release may be withdrawn by notifying the Ohio Department of Health, Vital Statistics on the prescribed form.

Instructions

1. **Present name of biological sibling**—the full name of the biological sibling at the time of completing the form.
2. **Date or approximate date the Authorization for Release was filed**—Provide the date or approximate date that the authorization for release was filed with the Ohio Department of Health.
3. **Name of biological sibling at the time of the petition for the adoption**—Biological sibling surname, as it existed at the time the petition for the adoption was granted. If date of petition for the adoption in unknown, this item should remain blank.
4. **Child's name at birth**—adopted child's complete name as reported on original certificate of birth completed at the time of birth.
5. **Date of birth**—the date of the adopted person's birth.
6. **Place of birth**—The city, county, and state in which the adopted person was born.
7. **Signature of biological sibling**—legal signature of the biological sibling that is withdrawing the authorization for the release of identifying data. This item should also be completed with the date signed.
8. **Mailing address**—current mailing address of the biological parent completing the withdrawal of authorization for release.

The completed withdrawal of 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