

Ohio Department of Health
VITAL STATISTICS
INFORMATION CONCERNING ADOPTIVE PARENTS

Information provided on this form is to be used to establish a new certificate of birth for the adopted person pursuant to Section 3705. 12 of the Ohio Revised Code. Upon the issuance of the new certificate, the original certificate of birth shall cease to be a public record.

(Enter all information below item captions) CHILD'S PERSONAL DATA																			
1. NAME OF CHILD BEFORE ADOPTION		2. NAME OF CHILD AFTER ADOPTION																	
3. PLACE OF BIRTH (City or village, county, state)		4. DATE OF BIRTH (Month, Day, Year)	5. SEX																
ADOPTIVE PARENT(S)' PERSONAL DATA																			
The following information is to be given as of date of child's birth entered in Item 4.																			
FATHER Relation to child - (Check one) <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Natural Father		MOTHER Relation to child - (Check one) <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Natural Mother																	
FATHER'S NAME (First, Middle, Last)		MOTHER'S MAIDEN NAME (First, Middle, Last)																	
DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or foreign Country)	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or foreign Country)																
RACE (Specify - American Indian, Black, White, etc.)	ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc. - Specify)	RACE (Specify - American Indian, Black, White, etc.)	ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc. - Specify)																
EDUCATION (Specify only highest grade completed) Elementary / Secondary (0-12) College (1-4 or 5+)	OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes - Specify Cuban, Mexican, Puerto Rican, etc.)	EDUCATION (Specify only highest grade completed) Elementary / Secondary (0-12) College (1-4 or 5+)	OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes - Specify Cuban, Mexican, Puerto Rican, etc.)																
OCCUPATION AND BUSINESS / INDUSTRY Occupation Business / Industry		OCCUPATION AND BUSINESS / INDUSTRY Occupation Business / Industry																	
PARENTS' PRESENT MAILING ADDRESS		MOTHER'S RESIDENCE AS OF DATE IN ITEM 4 (Street and Number)																	
(Street or R.F.D. No.)		(City, Town, or Location, County, State, Zip)																	
(City or Village)		PREGNANCY HISTORY (Complete each section) Previous pregnancies and adoptions by this mother. (NOTE - Include only older children and pregnancies terminated prior to the birth of this child.)																	
(State, Zip Code)		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">LIVE BIRTHS (Do not include this Child)</th> <th colspan="2" style="text-align: center;">OTHER TERMINATIONS (Spontaneous and Induced)</th> </tr> </thead> <tbody> <tr> <td>Now living</td> <td>Now dead</td> <td>Before 20 weeks</td> <td>20 weeks and after</td> </tr> <tr> <td>Number _____</td> <td>Number _____</td> <td>Number _____</td> <td>Number _____</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> </tbody> </table>		LIVE BIRTHS (Do not include this Child)		OTHER TERMINATIONS (Spontaneous and Induced)		Now living	Now dead	Before 20 weeks	20 weeks and after	Number _____	Number _____	Number _____	Number _____	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
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Number _____	Number _____	Number _____	Number _____																
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None																
DATE OF LAST LIVE BIRTH (Month, Year)		DATE OF LAST OTHER TERMINATION (Month, Year)																	

State of _____

SS

AFFIDAVIT OF ADOPTIVE PARENT(S)

County of _____

I, _____, being first duly sworn, say that I am the adoptive

_____ of _____
(Father or Mother) (Name of child after adoption)

and to best of my knowledge the foregoing facts are true and I hereby request the issuance of a new certificate of birth for

_____ pursuant to Section 3705.12 of the Ohio Revised Code.
(Name of child after adoption)

(Signature of adoptive parent)

Sworn to before me and subscribed in my presence, this _____ day _____, 20_____.

(Date commission expires)

(Official Title)