Ohio Department of Health

Authorization of Release Form for Birth Parent

Section 3107.46 of the Ohio Revised Code states a birth parent who signed a denial form may rescind that form by filing an authorization of release form with the Department of Health. Two items of identification such as motor vehicle driver's or commercial driver's license, identification card, marriage application, social security card, credit card, military identification card, or employee identification card must be submitted with the authorization of release form.

Information as Reported on Adopted Person's Original Birth Record

Child's full name at birth	last	first	middle
Date of birth	month	day	year
Place of birth	city	county	state
Mother's full maiden name	last	first	middle

I do 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 eighteen but younger than age twenty-one, or to the adoptee at age twenty-one 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 form or authorization of release form prescribed and provided by the Department of Health and by providing the Department of Health with two forms of identification.

Signature of birth parent		Date
Street address		
City	State	ZIP

The completed authorization of release form for birth parent should be mailed to:

Ohio Department of Health
Vital Statistics
35 East Chestnut Street
P.O. Box 118
Columbus, Ohio 43216-0118

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

HEA 3035 (Rev. 7/03)

APPENDIX AA
3701-5-02