

INFORMATION PROVIDED ON THIS FORM IS
TO BE USED TO ESTABLISH A NEW CERTIFICATE
OF BIRTH FOR THE ADOPTED CHILD.

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF ADOPTION

State Use Only
Original SFN _____
Amended SFN _____
Envelope # _____
AFS # _____

CHILD'S PERSONAL DATA

1 Name of Child BEFORE Adoption	2 Date of Birth (Month, Day, Year)	3 Sex	4 Place of Birth (City, County, State or Foreign Country)
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Child's Name After Adoption

First Name	Middle Name	Last Name
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ADOPTIVE PARENT(S)' PERSONAL DATA

The following information provided below will be used to create the new birth record. List information as it existed on child's date of birth.

Choose One Mother Father Parent			Relation to Child Adoptive Natural		Choose One Mother Father Parent			Relation to Child Adoptive Natural	
Current First Name				Current First Name					
Current Middle Name				Current Middle Name					
Current Last Name				Current Last Name					
Last Name Prior to First Marriage				Last Name Prior to First Marriage					
Date of Birth (Month, Day, Year)		Birth Place (State or Foreign Country)		Date of Birth (Month, Day, Year)		Birth Place (State or Foreign Country)			
Parent(s) Residence at Time of Child's Birth (Number and Street)									
City		County		State		Zip Code		Inside City Limits (Yes or No)	

Foreign Adoptions Only (Information from Original Birth Record)

Time of Birth
Hospital/Birthing Facility
Registrar's Name & Date Filed by Registrar (Month, Day, Year)
Attendant's Name (M.D, D.O, C.N.M, Other Midwife) & Date Signed

Certification

Probate Court, _____ County, Ohio

I hereby certify that the child named above was adopted on _____ (Date)

by _____ (Name(s) of Petitioner(s))

as set forth in the final decree of adoption, Case No., _____

Date _____ Probate Judge _____

Deputy Clerk _____