

FOREIGN BIRTH RECORD

I. Petition of Foreign Birth Record

A. Petitioner provides:

- * Petition To Recognize Foreign Adoption (Form 19.2) using full, legal names, no initials and pays court costs.
- * Original (will be returned) and 2 copies of Birth Certificate and Final Decree from foreign country, with translation and certification of translation, along with child's green card or certification of citizenship.
- * ODH Vital Statistics, Certificate of Adoption (Form HEA 2757) filled out as of the child's date of birth. This will create the new birth certificate.

B. Court provides:

- * Order For Ohio Birth Record For Foreign Born Child (Form 19.3)
- * Certifies Vital Statistics, Certificate of Adoption (Form HEA 2757) and forwards documents to State BVS for issuance of an Ohio Birth Record.

C. No hearing involved.

PROBATE COURT OF LUCAS COUNTY, OHIO
JACK R. PUFFENBERGER, JUDGE

ADOPTION OF: _____
(Name after Adoption)

CASE NO. _____

PETITION TO RECOGNIZE FOREIGN ADOPTION
(R.C. 3107.18)

[Check applicable boxes, complete blanks, strike inapplicable language, and attach supporting documentation]

The Petitioner(s) is/are the adoptive parent(s) of a minor child pursuant to a Foreign Decree or Certificate of Adoption and state that:

PETITIONER(S)

Petitioner's Full Name: _____

Petitioner's Full Name: _____

Residence: _____

Duration of Residence: _____

Marital Status: _____

Date & Place of Marriage: _____

ADOPTED CHILD

Name of Child Before Adoption: _____

Name of Child After Adoption: _____

Date & Place of Birth: _____

Attached is a certified copy of the child's Birth Certificate, and if not in English, also attached is a translation certified as to its accuracy by the translator.

A Foreign Decree or Certificate of Adoption in compliance with the laws of the Country of _____ was issued by (Name of Court): _____, in Case Number _____ on the ___ day of _____, 20__.

CASE NO. _____

Attached is a certified copy of the Foreign Decree or Certificate of Adoption which has been verified and approved by the Immigration and Naturalization Service of the United States, and if not in English, also attached is a translation certified as to its accuracy by the translator.

Attached is a fully completed Ohio Department of Health, Division of Vital Statistics, Certificate of Adoption.

The Petitioner(s) state that giving effect to the Foreign Decree or Certificate of Adoption would not violate the public policy of the State of Ohio and respectfully pray for the following Order(s):

An Order that the child's name shall be changed to:

An Order to the Ohio Department of Health to issue a new birth record for the adopted person under R.C. 3705.12(A)(1).

Other _____

Attorney for Petitioner(s)

Petitioner

Typed or Printed Name

Typed or Printed Name

Street Address

Petitioner

City State Zip Code

Type or Printed Name

Telephone Number (include area code)

Street Address

Attorney Registration No. _____

City State Zip Code

Telephone Number (include area code)

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			Relation to Child		Choose One			Relation to Child		
Mother	Father	Parent	Adoptive	Natural	Mother	Father	Parent	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)	
									Yes 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 _____