

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.
- * 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: Mother Father Parent	Gender: Female Male	Choose One: Mother Father Parent	Gender: Female Male
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)

Other Required Information (From the Original Birth Certificate)

Foreign Adoptions Only (from the Original Birth Certificate)

Attendant's Name (M.D, D.O, C.N.M, Other Midwife)	Time of Birth			
Mailing Address (Number, Street, City, County, State, Zip Code)	Hospital/Birthing Facility			
Registrar's Name	Registrar's Name & Date Filed by Registrar (Month, Day, Year)			
Date Filed by Registrar (Month, Day, Year)	Attendant's Name (M.D, D.O, C.N.M, Other Midwife) & Date Signed			
Parent(s) Current Mailing Address	Street	City or Village	State	Zip Code
Attorney's Name and Address	Street	City or Village	State	Zip Code

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 _____