

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 <b>BEFORE</b> Adoption | 2 Date of Birth (Month, Day, Year) | 3 Sex | 4 Place of Birth (City, County, State or Foreign Country) |
|--|------------------------------------|-------|---|

**Child's Name After Adoption**

|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

**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 \_\_\_\_\_