

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

Registrar's No. _____
Birth No. 134 - _____

(Enter all information below item captions)				CHILD'S PERSONAL DATA			
1. NAME OF CHILD BEFORE ADOPTION			2. NAME OF CHILD AFTER ADOPTION				
3. PLACE OF BIRTH (City or village, county, state)			4. DATE OF BIRTH (Month, Day, Year)		5. SEX		
ADOPTIVE PARENT(S)' PERSONAL DATA							
The following information is to be given as of date of child's birth entered in Item 4.							
FATHER Relation to child - (Check one) <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Natural Father				MOTHER Relation to child - (Check one) <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Natural Mother			
FATHER'S NAME (First, Middle, Last)				MOTHER'S MAIDEN NAME (First, Middle, Last)			
DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or foreign Country)		DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or foreign Country)	
RACE (Specify - American Indian, Black, White, etc.)		ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc. - Specify)		RACE (Specify - American Indian, Black, White, etc.)		ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc. - Specify)	
EDUCATION (Specify only highest grade completed) Elementary / Secondary (0-12) College (1-4 or 5+)		OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes - Specify Cuban, Mexican, Puerto Rican, etc.)		EDUCATION (Specify only highest grade completed) Elementary / Secondary (0-12) College (1-4 or 5+)		OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes - Specify Cuban, Mexican, Puerto Rican, etc.)	
OCCUPATION AND BUSINESS / INDUSTRY Occupation		Business / Industry		OCCUPATION AND BUSINESS / INDUSTRY Occupation		Business / Industry	
OTHER REQUIRED INFORMATION (From original birth certificate)				MOTHER'S RESIDENCE AS OF DATE IN ITEM 4 (Street and Number)			
ATTENDANTS NAME				(City, Town, or Location, County, State, Zip)			
MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip)				PREGNANCY HISTORY (Complete each section) Previous pregnancies and adoptions by this mother. (NOTE - Include only older children and pregnancies terminated prior to the birth of this child.)			
<input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify Below)				LIVE BIRTHS (Do not include this Child)		OTHER TERMINATIONS (Spontaneous and Induced)	
REGISTRAR'S NAME				Now living	Now dead	Before 20 weeks	20 weeks and after
				Number _____	Number _____	Number _____	Number _____
DATE FILED BY REGISTRAR (Month, Day, Year)				<input type="checkbox"/> None		<input type="checkbox"/> None	
DATE OF LAST LIVE BIRTH (Month, Year)				DATE OF LAST OTHER TERMINATION (Month, Year)			
PARENT'S PRESENT MAILING ADDRESS		(Street or R.F.D. No.)		(City or Village)		(State)	(Zip Code)
ATTORNEY'S NAME AND ADDRESS		(Street or R.F.D. No.)		(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

By _____ Deputy Clerk