

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) |
|---------------------------------|------------------------------------|-------|---|

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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Choose One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Current First Name | Current First Name | Current Middle Name | Current Middle Name |
| Current Middle Name | Current Middle Name | Current Last Name | Current Last 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 (Information from Original Birth Record)

| | |
|---|---|
| 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, Clark 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 _____