Reset Form

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

Registar'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 Relationship to child · *(Check One)* ☐ Adoptive Father ☐ Natural Father		**MOTHER** Relationship to child · *(Check One)* ☐ Adoptive Mother ☐ 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)*	ORIGIN *(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 ☐ Yes ☐ 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 ☐ Yes ☐ No *(If yes - Specify Cuban, Mexican Puerto Rican, etc.)*
OCCUPATION AND BUSINESS/INDUSTRY Occupation	Business/Industry	OCCUPATION AND BUSINESS/INDUSTRY	

OTHER REQUIRED INFORMATION

(From original birth certificate)

ATTENDANT'S NAME

MAILING ADDRESS *(Street or R.F.D. No., City or Village, State, Zip)*

☐ M.D. ☐ D.O. ☐ C.N.M. ☐ Other Midwife ☐ Other *(Specify Below)*

REGISTRAR'S NAME

DATE FILED BY REGISTRAR *(Month, Day, Year)*

MOTHER'S RESIDENCE AS OF DATE IN ITEM 4 *(Street and Number)*

(City, Town, or Location, County, State, Zip)

PRENANCY 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.)*

LIVE BIRTHS *(Do Not include this Child)*		OTHER TERMINATIONS *(Spontaneous and induced)*	
Now living	Now dead	Before 20 weeks	20 weeks and after
Number _____	Number _____	Number _____	Number _____
☐ None	☐ None	☐ None	☐ 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

HEA 2757 (Rev. 1/89)

5335.06

PRINT FORM