Print 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**

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 | 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)* | 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 ☐ 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 Occupation 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)*

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.)*

| LIVE BIRTHS *(Do not include this child)* | | OTHER TERMINATIONS *(Spontaneous and induced)* | |
|---|---|---|---|
| Now Living Number_____ ☐ None | Now dead Number_____ ☐ None | Before 20 weeks Number_____ ☐ None | 20 weeks and after Number_____ ☐ 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, LUCAS 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 _____

_____
**Judge Jack R. Puffenberger**

**By** _____
**Deputy Clerk**

**HEA 2757 (rev. 3/96)**