

(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 <i>(City or village, county, state)</i>	4. DATE OF BIRTH <i>(Month, Day, Year)</i>	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 – <i>(Check one)</i> <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Natural Father	MOTHER Relationship to Child – <i>(Check one)</i> <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Natural Mother
FATHER'S NAME <i>(First, Middle, Last)</i>	MOTHER'S MAIDEN NAME <i>(First, Middle, Last)</i>
DATE OF BIRTH <i>(Month, Day, Year)</i>	BIRTHPLACE <i>(State or Foreign Country)</i>
RACE <i>(Specify – American Indian, Black, White, etc.)</i>	ORIGIN OR DESCENT <i>(Italian, Mexican, German, English, Cuban, Puerto Rican, etc. – Specify)</i>
EDUCATION <i>(Specify only highest grade completed)</i> Elementary/Secondary (0-12) College (1-4 or 5+)	OF HISPANIC ORIGIN <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes-Specify Cuban, Mexican, Puerto Rican, etc.)</i>
OCCUPATION AND BUSINESS / INDUSTRY Occupation Business / Industry	OCCUPATION AND BUSINESS / INDUSTRY Occupation Business / Industry

OTHER REQUIRED INFORMATION
(From original birth certificate)

ATTENDANT'S NAME	MOTHER'S RESIDENCE AS OF DATE IN ITEM 4 <i>(Street and Number)</i>											
MAILING ADDRESS <i>(Street or R.F.D. No., City or Village, State, Zip)</i>	<i>(City, Town, or Location, County, State, Zip)</i>											
<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 <i>(Specify Below)</i>	PREGNANCY HISTORY (Complete each section) Previous pregnancies and adoptions by this mother. <i>(Note – Include only older children and pregnancies terminated prior to the birth of this child.)</i>											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">LIVE BIRTHS <i>(Do not include this child)</i></th> <th style="width: 50%;">OTHER TERMINATIONS <i>(Spontaneous and induced)</i></th> </tr> <tr> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Now Living Number _____</td> <td style="width: 50%;">Now dead Number _____</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> </table> </td> <td> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Before 20 weeks Number _____</td> <td style="width: 50%;">20 weeks and after Number _____</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> </table> </td> </tr> </table>	LIVE BIRTHS <i>(Do not include this child)</i>	OTHER TERMINATIONS <i>(Spontaneous and induced)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Now Living Number _____</td> <td style="width: 50%;">Now dead Number _____</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> </table>	Now Living Number _____	Now dead Number _____	<input type="checkbox"/> None	<input type="checkbox"/> None	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Before 20 weeks Number _____</td> <td style="width: 50%;">20 weeks and after Number _____</td> </tr> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> None</td> </tr> </table>	Before 20 weeks Number _____	20 weeks and after Number _____	<input type="checkbox"/> None
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REGISTRAR'S NAME	DATE OF LAST LIVE BIRTH <i>(Month, Year)</i>											
DATE FILED BY REGISTRAR <i>(Month, Day, Year)</i>	DATE OF LAST OTHER TERMINATION <i>(Month, Year)</i>											
PARENT'S PRESENT MAILING ADDRESS <i>(Street or R.F.D. No.)</i>	<i>(City or Village)</i> <i>(State)</i> <i>(Zip Code)</i>											
ATTORNEY'S NAME AND ADDRESS <i>(Street or R.F.D. No.)</i>	<i>(City or Village)</i> <i>(State)</i> <i>(Zip Code)</i>											

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

Deputy Clerk