

FOREIGN BIRTH RECORD

PETITION OF FOREIGN BIRTH RECORD

1. Petitioner files Petition of Foreign Birth Record (Form ADFBR) using full legal names, no initials and pays court costs.
2. Petitioner provides:
 - * Original and 2 copies of Birth Certificate and Final Decree of Adoption from foreign country with translation and certification of translation. Originals will be returned.
 - * ODH Vital Statistics, Certificate of Adoption (Form HEA 2757) filled out as of the date of birth of the child. This will create the Ohio Birth Record.
3. Court reviews paperwork, certifies Vital Statistics, Certificate of Adoption and forwards documents to State Bureau of Vital Statistics for Ohio Birth Record.
4. No hearing involved.

**PROBATE COURT OF LUCAS COUNTY, OHIO
JUDGE JACK R. PUFFENBERGER**

**IN THE MATTER OF
THE ADOPTION OF:**

CASE NO. _____

**PETITION OF FOREIGN BIRTH RECORD
(R.C. 3107.18)**

(Check applicable boxes, complete applicable blanks, strike inapplicable language, and attach supporting documentation)

The Petitioner(s) is/are the adoptive parent(s) of a minor child pursuant to a foreign decree or certificate of adoption and state that:

PETITIONER(S)

Petitioner's Full Name: _____

Petitioner's Full Name: _____

Residence: _____

Duration of Residence: _____ Marital Status: _____

Date & Place of Marriage: _____

ADOPTED CHILD

Name of Child Before Adoption: _____

Name of Child After Adoption: _____

Date & Place of Birth: _____

ATTACHED IS A CERTIFIED COPY OF THE CHILD'S BIRTH CERTIFICATE, AND IF NOT IN ENGLISH, ALSO ATTACHED IS A TRANSLATION CERTIFIED AS TO ITS ACCURACY BY THE TRANSLATOR. IF A REVISED BIRTHDATE IS RECOMMENDED AN AFFIDAVIT OF THE PHYSICIAN SHALL BE ATTACHED.

ATTACHED IS A CERTIFIED COPY OF THE FOREIGN DECREE OR CERTIFICATE OF ADOPTION WHICH HAS BEEN VERIFIED AND APPROVED BY THE IMMIGRATION AND NATURALIZATION SERVICE OF THE UNITED STATES, AND IF NOT IN ENGLISH, ALSO ATTACHED IS A TRANSLATION CERTIFIED AS TO ITS ACCURACY BY THE TRANSLATOR. IF A REVISED BIRTHDATE IS RECOMMENDED AN AFFIDAVIT OF THE PHYSICIAN SHALL BE ATTACHED.

Attached is a fully completed Ohio Department of Health, Division of Vital Statistics, Certificate of Adoption Form HEA 2757 (LCPC form 20.18).

The Petitioner(s) state that giving effect to the Foreign Decree or Certificate of Adoption would not violate the public policy of the State of Ohio and respectfully pray for the following Order(s):

- An Order that the child's name shall be changed to:

- An Order that the child's birth date shall be changed to:

- An Order to the Department of Health to issue a foreign birth record for the adopted person under R.C. 3705.12(A)(4).
- _____

Petitioner

Petitioner

Address

Phone Number (include area code)

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.

Father – Check One <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive	Mother – Check One <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive	
Father's First Name	Mother's Current First Name	
Father's Middle Name	Mother's Current Middle Name	
Father's Last Name	Mother's Current Last Name	
Date of Birth (Month, Day, Year)	Mother's Maiden Name (Last Name Prior to First Marriage)	
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, _____ 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 _____