

PETITION FOR OHIO BIRTH CERTIFICATE:

FEE: \$291.00

COST OF NEW BIRTH CERTIFICATE IS: \$21.50

Along with the petition other documents that are needed at the time of filing:

Certified copy of the child's original birth certificate

Adoption certificate

Abandonment papers

Foreign decree

A certified copy of the translations of the above documents, and documentation showing approval of the adoption by the Department of Homeland Security of the United States.

These original foreign documents will be returned to you the day of the hearing.

You must also complete the Vital Statistics Certificate of Adoption for the new birth certificate.

The adoptive parents and the child are required to attend the hearing.

If you have any questions regarding the procedure, call Christine at 440-350-2229.

PROBATE COURT OF LAKE COUNTY, OHIO
MARK J. BARTOLOTTA, JUDGE

ADOPTION OF _____
(Name after adoption)

CASE NO. _____

PETITION TO RECOGNIZE FOREIGN ADOPTION
[R.C. 3107.18]

[Check applicable boxes, complete 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 and Place of Marriage: _____

ADOPTED CHILD

Name of Child before Adoption: _____

Name of Child after Adoption: _____

Date and 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.

A Foreign Decree or Certificate of Adoption in compliance with the laws of the Country of _____
was issued by (Name of Court) _____ in Case Number _____
on the _____ day of _____, 20____.

CASE NO. _____

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.

Attached is a fully completed Ohio Department of Health, Division of Vital Statistics, Certificate of Adoption.

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 to the Ohio Department of Health to issue a new birth record for the adopted person under R.C. 3705.12(A)(1)

Other _____

Attorney for Petitioner Signature

Petitioner Signature

Typed or Printed Name

Typed or Printed Name

Street Address

Petitioner Signature

City State Zip Code

Typed or Printed Name

Telephone Number (include area code)

Street Address

Attorney Registration No.

City State Zip Code

Telephone 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)
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Child's Name After Adoption

First Name	Middle Name	Last Name
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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 checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Choose One: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
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 (from the Original Birth Certificate)

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, LAKE 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 _____