

## PETITION FOR OHIO BIRTH CERTIFICATE:

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**FEE: \$151.00**

**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 their translations and documentation showing approval of 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**

IN THE MATTER OF THE ADOPTION OF

\_\_\_\_\_

Case No: \_\_\_\_\_

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

(Check applicable boxes, complete applicable blanks, strike applicable 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.**

**ATTACHED IS A CERTIFIED COPY OF THE FOREIGN DECREE OR CERTIFICATE OF ADOPTION WHICH HAS BEEN VERIFIED AND APPROVED BY THE DEPARTMENT OF HOMELAND SECURITY OF THE UNITED STATES, AND IF NOT 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 Form HEA 2757.

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

( ) \_\_\_\_\_

\_\_\_\_\_  
Attorney for Petitioner(s)

\_\_\_\_\_  
Petitioner (signature)

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Petitioner (signature)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone # (include area code)

\_\_\_\_\_  
Phone # (include area code)

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Work # (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**

<b>State Use Only</b>	
Original SFN _____	_____
Amended SFN _____	_____
Envelope # _____	_____
AFS # _____	_____

<b>Child's Personal Data</b>				
1. Name of Child <b>BEFORE</b> Adoption		2. Name of Child <b>AFTER</b> Adoption		
3. Place of Birth (City, County, State or Foreign Country)			4. Date of Birth (Month, Day, Year)	5. Sex

**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.

<b>Father – Check One</b> <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive		<b>Mother – Check One</b> <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 ( <input type="checkbox"/> Yes or <input type="checkbox"/> No )

<b>Other Required Information (From the Original Birth Certificate)</b>		<b>Foreign Adoptions Only (Information from Original Birth Record)</b>		
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 \_\_\_\_\_