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.**

| Choose One: ☐ Mother ☐ Father ☐ Parent | Gender ☐ Female ☐ Male | Choose One ☐ Mother ☐ Father ☐ Parent | Gender: ☐ Female ☐ Male |
|---|---|---|---|
| Current First Name | | Current First Name | |
| Current Middle Name | | Current Middle 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 _____