

INFORMATION PROVIDED ON THIS FORM IS  
TO BE USED TO ESTABLISH A NEW CERTIFI-  
CATE OF BIRTH FOR THE ADOPTED CHILD.

Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF ADOPTION

Registrar's No \_\_\_\_\_

Birth No. 134 - \_\_\_\_\_

CHILD'S PERSONAL DATA					
1. NAME OF CHILD BEFORE ADOPTION			2. NAME OF CHILD AFTER ADOPTION		
3. PLACE OF BIRTH (City or village, county, state)			4. DATE OF BIRTH (Month, Day, Year)		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 Relation to child - (Check one) <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Natural Father			MOTHER Relation to child - (Check one) <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Natural Mother		
FATHER'S NAME (First, Middle, Last)			MOTHER'S MAIDEN NAME (First Middle, Last)		
DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or foreign Country)		DATE OF BIRTH (Month, Day, Year)	
RACE (Specify - American Indian, Black, White, etc.)		ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc.)		RACE (Specify - American Indian, Black, White, etc.)	
EDUCATION (Specify only highest grade completed) Elementary I Secondary (0-12) College (1-4 or 5+)		OF HISPANIC ORIGIN? yes No (if yes - Specify Cuban, Mexican, Puerto Rican, etc.)		EDUCATION (Specify only highest grade completed) Elementary I Secondary (D-12) College (1-4 or 5+)	
OCCUPATION AND BUSINESS I INDUSTRY Occupation Business I Industry		OCCUPATION AND BUSINESS/ INDUSTRY Occupation Business/ Industry			
OTHER REQUIRED INFORMATION (From original birth certificate)			MOTHER'S RESIDENCE AS OF DATE IN ITEM 4 (Street and Number)		
ATTENDANTS NAME			(City, Town, or Location, County, State, Zip)		
MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip)			PREGNANCY HISTORY (Complete each section) Previous pregnancies and adoptions by this mother. (NOTE - Include only older children and pregnancies terminated prior to the birth of this child)		
<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 (Specify Below)			LIVE BIRTHS (Do not include this Child)		OTHER TERMINATIONS (Spontaneous and induced)
REGISTRARS NAME			Now living      Now dead		Before 20 weeks      20 weeks and after
DATE FILED BY REGISTRAR (Month, Day, Year)			Number _____      Number _____		Number _____      Number _____
			<input type="checkbox"/> None <input type="checkbox"/> None		<input type="checkbox"/> None <input type="checkbox"/> None
DATE OF LAST LIVE BIRTH (Month, Year)			DATE OF LAST LIVE BIRTH (Month, Year)		DATE OF LAST OTHER TERMINATION Month, Year)
PARENTS PRESENT MAILING ADDRESS		(Street or R.F.D. No.)		(City or Village) (State) (Zip Code)	
ATTORNEYS NAME AND ADDRESS		(Street or R.F.D. No.)		(City or Village) (State) (Zip Code)	

CERTIFICATION

PROBATE COURT OF GREENE 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

By \_\_\_\_\_ Deputy Clerk