ACTION: Final

EXISTING Appendix

DATE: 06/23/2016 8:51 AM

Onle Department of Health

VITAL STATISTICS INFORMATION CONCERNING ADOPTIVE PARENTS

Information provided on this form is to be used to establish a new certificate of birth for the adopted person pursuant to Section 3705. 12 of the Ohio Revised Code. Upon the issuance of the new certificate, the original certificate of birth shall cease to be a public record.

(Enter all information below item captions)				CHILD'S PE	RSONAL DA	ATA						
1. NAME OF CHILD BEFORE	2 NAME OF CHILD AFTER ADOPTION											
3. PLACE OF BIRTH (City or vi		4. DATE OF	BIRTH (Mc	nth, Day,	Year)		5 SEX					
			ADOI	PTIVE PARENT	(S)' PERSOI	VAL DA	TA					
	The	ollov	ving inform	nation is to be given	as of date of ch	ild's birth	entered	in Item	1 4.			
FATHER Relation	MOTHER Relation to child - (Check one) Adoptive Mother Natural Mother											
FATHER'S NAME (First, Middle	MOTHER'S MAIDEN NAME (First, Middle, Last)											
DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or lore			(State or foreign	n Country)	DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or foreign Country)						try)	
RACE (Specify - American India Black, White, etc.)			ESCENT (Italian, Mexican, German, English, o Rican, etc Specify)					ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc Specify)				
EDUCATION (Specify only highest grade completed) Elementary / Secondary (o-12) College (1-4 or 5+)			ORIGIN? Yes No fy Cuban, Mexican, Puerto	EDUCATION (Specify only highest grade complete Elementary / Secondary (o-12) College (1-								
OCCUPATION AND BUSIN		BUSIN	-	Y ess / Industry	Od	OCCUPATION Occupation		D BUSIN	BUSINESS / INDUCTRY Business / Industry		dustry	
PARENTS'	PRESENT	MA	LILING AL	DDRESS	MOTHER'S RESIDE	ENCE AS OF C	DATE IN ITE	M 4 (Stre	et and Number)		····	
(Street or R.F.D. No.)					(City, Town, or Location, County, State, Zip)							
(City or Village)	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.)											
					LIVE BIRTHS (Do not include this Child)				OTHER TERMINATIONS (Spontaneous and Induced)			
					Now Irving	Now dea	-		ore 20 weeks	i i) weeks and after	
State, Zip Code)					Number	i			nber	i.	umber	
					DATE OF LAST LIVE	BIRTH (Mon		DAT	None E OF LAST OTHE Inth, Year)		None RMINATION	
State of										-		
County of				SS		AF	FIDAV	IT OF	ADOPTIV	/E I	PARENT(S)	
l,					, be	ing first (duly sw	orn, s	ay that I an	n th	e adoptive	
					of							
	(Father or M											
and to best of my kn	owledge t	ле то										
(Na	me of child afte	r adopt	tion)		pursuant	to Section	on 3/05	.12 of	the Ohio R	levi	sed Code.	
(Signature) Sworn to before me	and subsc		•	esence, this	day					_ , 2	0	
(Signature of notary) EA 2754 (Rev. 10/96)			OAC 3701-5-0	· ·	commission e	xpires)		(Official Title)			
			Appendix (_						5332.06		