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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 <b>Adoptee full name before</b>		2. NAME OF CHILD AFTER ADOPTION <b>Adoptee full name after</b>	
3. PLACE OF BIRTH (City or village, county, state) <b>Cincinnati, Ohio</b>		4. DATE OF BIRTH (Month, Day, Year) <b>February 4, 2001</b>	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.			
<b>FATHER</b> Relation to child - (Check one) <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Natural Father		<b>MOTHER</b> Relation to child - (Check one) <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Natural Mother	
FATHER'S NAME (First, Middle, Last) <b>New dad full name</b>		MOTHER'S MAIDEN NAME (First, Middle, Last)	
DATE OF BIRTH (Month, Day, Year) <b>04/05/1971</b>	BIRTHPLACE (State or foreign Country) <b>Dayton, Ohio</b>	DATE OF BIRTH (Month, Day, Year) <b>03/04/1973</b>	BIRTHPLACE (State or foreign Country) <b>Columbus, Ohio</b>
RACE (Specify - American Indian, Black, White, etc.)	ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc - Specify)	RACE (Specify - American Indian, Black, White, etc.)	ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc - Specify)
EDUCATION (Specify only highest grade completed) Elementary / Secondary (0-12)   College (1-4 or 5+)	OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes - Specify Cuban, Mexican, Puerto Rican, etc.)	EDUCATION (Specify only highest grade completed) Elementary / Secondary (0-12)   College (1-4 or 5+)	OF HISPANIC ORIGIN? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes - Specify Cuban, Mexican, Puerto Rican, etc.)
OCCUPATION AND BUSINESS / INDUSTRY Occupation                      Business / 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)		<b>PREGNANCY HISTORY</b> (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)		<b>LIVE BIRTHS</b> (Do not include this Child)	<b>OTHER TERMINATIONS</b> (Spontaneous and induced)
REGISTRAR'S NAME		Now living   Now dead Number _____   Number _____ <input type="checkbox"/> None   <input type="checkbox"/> None	Before 20 weeks   20 weeks and after Number _____   Number _____ <input type="checkbox"/> None   <input type="checkbox"/> None
DATE FILED BY REGISTRAR (Month, Day, Year)		DATE OF LAST LIVE BIRTH (Month, Year)	DATE OF LAST OTHER TERMINATION (Month, Year)
PARENT'S PRESENT MAILING ADDRESS (Street or R.F.D. No.)		(City or Village)	(State) (Zip Code)
<b>2468 Maple St.</b>		<b>Cincinnati, OH 54321</b>	
ATTORNEY'S NAME AND ADDRESS (Street or R.F.D. No.)		(City or Village)	(State) (Zip Code)
<b>A full name, 1234 Atty St.</b>		<b>Dayton, Ohio 45678</b>	

**CERTIFICATION**

PROBATE COURT, WHATEVER COUNTY, OHIO

I hereby certify that the child named above was adopted on \_\_\_\_\_ (date)

by New dad full name  
New mom full name  
(name(s) of petitioner(s))

as set forth in the final decree of adoption, Case No., 2003ABCD

Date \_\_\_\_\_ Probate Judge

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