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 FOREIGN BIRTH REGISTRATION

Registrar's No. _____

Birth No. 134 - _____

(Enter all information below item captions)

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) ☐ Adoptive Father ☐ Natural Father		MOTHER — Relation to child - (Check one) ☐ Acloptrve Mother ☐ 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)	BIRTHPLACE (State or foreign Country)
RACE (Specify - American Indian, Black. White, etc.)	ORIGIN OR DESCENT (Italian,*Mexcan, German,* English, *Cuban,* Puerto *Rican, etc.* - Specify)	RACE (Specify-Amencan 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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)

ATTENDANTS NAME

MAILING ADDRESS (Street or *R.F.D. No.*, City or Village, State, Zip)

☐ M.D ☐ D.O. ☐ C.N.M. ☐ Other Midwife ☐ Other (Specify Below)

REGISTRAR'S NAME

MOTHER*S RESIDENCE AS OF DATE IN ITEM 4 (Street and Number)

(City. Town. or Location, County, 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)

LIVE BIRTHS (Do not include this Child)		OTHER TERMINATIONS (Spontaneous and induced)	
Now living	Now dead	Before 20 weeks	20 weeks and after
Number _____	Number _____	Number _____	Number _____
☐ None	☐ None	☐ None	☐ None

DATE FILED BY REGISTRAR *IMonth, 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)

ATTORNEY'S NAME AND ADDRESS (Street or R.F.D. No.) (City or Village) (State) (Zip Code)

CERTIFICATION

PROBATE COURT, Hamilton COUNTY, OHIO.

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

by _____ (name(s) of petitioner(s))

as set forth in theOrder Granting Foreign Birth Registration, Case No., _____

Date _____ _____ Probate Judge

By _____ Deputy Clerk