

INSTRUCTIONS FOR REGISTRATION OF A FOREIGN BIRTH RECORD

These instructions are intended as a guideline only and should not be relied upon as a comprehensive list when filing an application for registration of a foreign birth record.

A person who has adopted a child pursuant to an adoption decree or certificate of adoption issued outside the United States and recognized in this state, may request the Probate Court in the county in which the person resides to order the Department of Health to register the foreign decree and to issue an Ohio birth certificate pursuant to R.C. 3705.12(A)(4).

A fee of \$50.00 is required at the time of filing. Please confirm the amount with the Cashier since filing fees may have changed subsequent to the publication of this instruction sheet. **This fee must be paid in cash, money order, certified check, MasterCard, Discover, or American Express. No personal checks will be accepted.**

The forms may be obtained from the Issue Desk on the 9th floor of the Probate Court, 230 E. 9th Street, Cincinnati, Ohio or by downloading the forms from the web site, www.probatect.org.

PROCEDURAL STEPS

STEP 1: Complete the following forms

Application for Registration of Foreign Birth Record (H.C. 118.50)

- Complete form.
- Have form notarized

Foreign record

- Attach copy of the birth records and foreign adoption decree or certificate of adoption issued by the foreign country. Attach a copy of the English translation which has been certified as to its accuracy by the translator.

Statement of Adopted Person (H.C. 118.80)

- Fill in name only.
- Magistrate will complete.

INS approval

- The applicant must also submit proof that the Department of Immigration and Naturalization has approved the foreign certificate or adoption decree. Proof may be by means of INS Form I-171, a copy of the child's resident alien visa card, or any other documentation the Court deems suitable.

Order Granting Registration of Foreign Birth Record (H.C. 118.54)

- Complete form.
- Magistrate will sign completed form, if granted.

Certificate of Foreign Birth Registration

- Complete the form.
- If the adoption has been granted, the clerk will complete the certification and mail it to the Ohio Department of Health who will issue an Ohio birth certificate.

STEP 2: Reviewing of Forms and Setting of Hearing

When all forms have been completed, present them to the magistrate's assistant at the information desk on the 9th Floor of Probate Court for a magistrate to be assigned. All forms are then taken to a magistrate for review of the pleadings.

STEP 3: Filing of Forms with Cashier

If the foreign birth registration is granted, all forms are taken to the cashier who will assign a case number. At this time, the cashier will require the payment of the filing fee of **\$50.00**. The cashier will stamp the case number on all forms, retain and clock in all original forms. The cashier will stamp the case number on one set of copies and marked them "filed", if provided.

STEP 4: Completion of Petition

The clerk will submit a certified copy of the Order Granting Registration of Foreign Birth Record and the Certificate of Foreign Birth Registration to the Ohio Department of Health. You may request a birth certificate from the Ohio Department of Health 30 days after the issuance of the order granting registration of the foreign birth record. You need to send a check for \$21.50, to the following:

**Bureau of Vital Statistics
Ohio Department of Health
246 North High Street
P. O. Box 15098
Columbus, Ohio 43215-0098**

Please Note that it may take the Department of Health several months to respond to your request.

**PROBATE COURT OF HAMILTON COUNTY, OHIO
JAMES CISSELL, JUDGE**

IN THE MATTER OF _____

CASE NO. _____

APPLICATION FOR REGISTRATION OF FOREIGN BIRTH RECORD

Registrant prays that the fact of birth be established and that the Ohio Department of Health be ordered to issue a foreign birth record of an adopted person in accordance with R.C. 3107.18 as follows:

Full Name of Child (at time of adoption)	
Exact Place of Birth	Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name of Father	Full Maiden Name of Mother
Age of Father (at time of this birth)	Age of Mother (at time of this birth)
Birthplace of Father	Birthplace of Mother

Registrant has attached the foreign birth record and an English translation of the foreign birth record.

The registrant being first duly sworn says that the facts stated in the foregoing application are true as he/she verily believes and prays that the Court order the Ohio Department of Health to issue a foreign birth record.

Signature of Registrant

Printed or Typed Name of Registrant

Address

(_____)
Phone Number (include area code)

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

(SEAL)

Notary Public

**PROBATE COURT OF HAMILTON COUNTY, OHIO
JAMES CISSELL, JUDGE**

IN THE MATTER OF _____

CASE NO. _____

ORDER GRANTING REGISTRATION OF FOREIGN BIRTH RECORD

This cause came on to be heard on the application for an order to register the foreign birth record of _____ Upon consideration of the foreign birth record and the English translation of said foreign birth record, the Court finds that the following facts of birth apply to the registrant:

Full Name of Child (at time of adoption)	
Exact Place of Birth	Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name of Father	Full Maiden Name of Mother
Age of Father (at time of this birth)	Age of Mother (at time of this birth)
Birthplace of Father	Birthplace of Mother

It is ordered that a Certificate of Adoption - Foreign Registration be prepared and transmitted to the Director of the Ohio Department of Health in accordance with R.C. 3107.18. It is further ordered that a copy of the foreign birth record and the English translation of the foreign birth record be transmitted to the Director of the Ohio Department of Health with this order.

Magistrate

The Court confirms the foregoing Decision of Magistrate forthwith pursuant to Civil Rule 53 (E)(4).

James Cissell, Probate Judge

**PROBATE COURT OF HAMILTON COUNTY, OHIO
JAMES CISSELL, JUDGE**

ADOPTION OF _____
(Name after adoption)
CASE NO. _____

STATEMENT OF ADOPTED PERSON

THE CHILD NAMED IN THIS ADOPTION IS:

- A minor who became available or potentially available for adoption on or before September 18, 1996 (R.C. 3107.39) and at least one of the biological parent(s) consented to the adoption or a probate court entered a finding the biological parent(s) consent was not necessary.

- A minor who became available for adoption after September 18, 1996 (R.C. 3107.45)

EXCLUSIONS FOR ODHS DISCLOSURE

- Foreign adoption finalized in another country and re-finalized in Ohio.
- Foreign adoption finalized in Ohio only.
- Step-parent adoption.
- Involuntary surrender/court commitment
- Other (please specify) _____

James Cissell, Probate Judge

By: _____
Deputy Clerk

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

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)	BIRTHPLACE (State or foreign Country)
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+)		EDUCATION (Specify only highest grade completed) Elementary / Secondary (0-12) College (1-4 or 5+)	
OCCUPATION AND 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)	
		(City, Town, or Location, County, State, Zip)	
ATTENDANT'S NAME		MOTHER'S RESIDENCE AS OF DATE IN ITEM 4 (Street and Number)	
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)	
REGISTRAR'S NAME		Now living	Now dead
		Number _____	Number _____
DATE FILED BY REGISTRAR (Month, Day, Year)		<input type="checkbox"/> None	<input type="checkbox"/> None
		OTHER TERMINATIONS (Spontaneous and induced)	
PARENT'S PRESENT MAILING ADDRESS (Street or R.F.D. No.)		Before 20 weeks	20 weeks and after
		Number _____	Number _____
ATTORNEY'S NAME AND ADDRESS (Street or R.F.D. No.)		<input type="checkbox"/> None	<input type="checkbox"/> None
		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 the final decree of adoption, Case No., _____

Date _____ Probate Judge

By _____ Deputy Clerk