

# 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 9<sup>th</sup> floor of the Probate Court, 230 E. 9<sup>th</sup> Street, Cincinnati, Ohio or by downloading the forms from the web site, [www.probatect.org](http://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 9<sup>th</sup> 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 REGISTRATION

State Use Only
Original SFN _____
Amended SFN _____
Envelope # _____
AFS # _____

**CHILD'S PERSONAL DATA**

1 Name of Child <b>BEFORE</b> Adoption		2 Name of Child <b>AFTER</b> Adoption	
3 Place of Birth (City, County, State or Foreign Country)		4 Date of Birth (Month, Day, Year)	5 Sex

**ADOPTIVE PARENT(S)' PERSONAL DATA**

The following information provided below will be used to create the new birth record. List information as it existed on child's date of birth.

<b>Father – Check One</b> <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive		<b>Mother – Check One</b> <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive	
Father's First Name		Mother's Current First Name	
Father's Middle Name		Mother's Current Middle Name	
Father's Last Name		Mother's Current Last Name	
Date of Birth (Month, Day, Year)		Mother's Maiden Name (Last Name Prior to First Marriage)	
Birth Place (State or Foreign Country)		Date of Birth (Month, Day, Year)	Birth Place (State or Foreign Country)
Parent(s) Residence at Time of Child's Birth (Number and Street)			
City	County	State	Zip Code
Inside City Limits (Yes or No)			

<b>Other Required Information (From the Original Birth Certificate)</b>	<b>Foreign Adoptions Only (Information from Original Birth Record)</b>
Attendant's Name (M.D., D.O., C.N.M., Other Midwife)	Time of Birth
Mailing Address (Number, Street, City, County, State, Zip Code)	Hospital/Birthing Facility
Registrar's Name	Registrar's Name & Date Filed by Registrar (Month, Day, Year)
Date Filed by Registrar (Month, Day, Year)	Attendant's Name (M.D., D.O., C.N.M., Other Midwife) & Date Signed

Parent(s) Current Mailing Address	Street	City or Village	State	Zip Code
Attorney's Name and Address	Street	City or Village	State	Zip Code

**Certification**

Probate Court, \_\_\_\_\_ County, Ohio

I hereby certify that the child named above was adopted

by \_\_\_\_\_ (Name(s) of Petitioner(s))

as set forth in the final decree of adoption, issued by \_\_\_\_\_ on \_\_\_\_\_.

(Enter name of foreign court)

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

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