

# 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 is required at the time of filing. Current Court Costs are posted at: <https://www.probatect.org/about/general-resources>.

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. 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 (verify with Vital Statistics the current cost) 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  
RAPLH WINKLER, JUDGE**

**ADOPTION OF** \_\_\_\_\_  
(Name After Adoption)

**CASE NO.** \_\_\_\_\_

**PETITION TO RECOGNIZE FOREIGN ADOPTION  
[R.C. 3107.18]**

**[Check applicable boxes, complete blanks, strike inapplicable language, and attach supporting documentation]**

The Petitioner(s) is/are the adoptive parent(s) of a minor child pursuant to a Foreign Decree or Certificate of Adoption and state that:

**PETITIONER(S)**

Petitioner's Full Name: \_\_\_\_\_

Petitioner's Full Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Duration of Residence: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Date and Place of Marriage: \_\_\_\_\_

**ADOPTED CHILD**

Name of Child before Adoption: \_\_\_\_\_

Name of Child after Adoption: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Attached is a certified copy of the child's Birth Certificate, and if not in English, also attached is a translation certificate as to its accuracy by the translator.

A Foreign Decree or Certificate of Adoption in compliance with the laws of the Country of \_\_\_\_\_

was issued by (Name of Court) \_\_\_\_\_ in Case Number \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**CASE NO.** \_\_\_\_\_

Attached is certified copy of the Foreign Decree or Certificate of Adoption which has been verified and approved by the Immigration and Naturalization Service of the United States, and if not in English, also attached is a translation certified as to its accuracy by the translator.

Attached is a fully completed Ohio Department of Health, Division of Vital Statistics, and Certificate of Adoption.

The Petitioner(s) state that giving effect to the Foreign Decree or Certificate of Adoption would not violate the public Policy of the State of Ohio and respectfully pray for the following Order(s).

An Order that the child's name be changed to:

\_\_\_\_\_

An Order to the Ohio Department of Health to issue a new birth record for the adopted person under R.C. 3705.12(A)(1)

Other:

\_\_\_\_\_

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number (include area code)

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RALPH WINKLER, 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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Ralph Winkler, Probate Judge

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

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
RAPLH WINKLER, JUDGE**

**ADOPTION OF** \_\_\_\_\_  
(Name After Adoption)

**CASE NO.** \_\_\_\_\_

**ORDER FOR OHIO BIRTH RECORD FOR FOREIGN BORN CHILD**

This matter came on to be heard on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ upon the Petition to  
Recognize Foreign Adoption filed by \_\_\_\_\_

The Court finds the petitioner(s) has/have complied with the requirements of R.C. 3107.18 and giving effect to the  
Decree or Certificate of Adoption that was issued under the laws of a foreign country would not violate the public policy  
of the State of Ohio.

It is therefore ORDERED that:

- A Final Decree recognizing the Foreign decree of Certificate of Adoption is entered, herein;
- An Interlocutory Decree recognizing the Foreign Decree or Certificate of Adoption is Entered herein which,  
unless vacated, shall become final on \_\_\_\_\_.
- The child's name shall be changed from: \_\_\_\_\_ to  
\_\_\_\_\_.
- The Ohio Department of Health shall issue a new birth record for the child pursuant to R.C.3705.12(A)(1).
- Other \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

INFORMATION PROVIDED ON THIS FORM IS  
TO BE USED TO ESTABLISH A NEW CERTIFICATE  
OF BIRTH

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

**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.

<input type="checkbox"/> Natural <input type="checkbox"/> Adoptive		<input type="checkbox"/> Natural <input type="checkbox"/> Adoptive	
Choose One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Choose One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Current First Name		Current First Name	
Current Middle Name		Current Middle Name	
Current Last Name		Current Last Name	
Last Name Prior to First Marriage		Last Name Prior to First Marriage	
Date of Birth (Month, Day, Year)	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 (From the Original Birth Certificate)</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 born on \_\_\_\_\_. (Date)  
\_\_\_\_\_ (Name(s) of Petitioner(s)) are  
designated as the parent(s) as set forth in the Judgment Entry Ordering Birth Registration issued by  
\_\_\_\_\_ on \_\_\_\_\_.  
(Enter name of court)  
Date \_\_\_\_\_ Probate Judge \_\_\_\_\_  
Deputy Clerk \_\_\_\_\_