

BUTLER COUNTY PROBATE COURT ADOPTION PETITION FILING REQUIREMENTS

*** ALL FORMS MUST BE TYPEWRITTEN ***

PLEASE NOTE THERE IS ONLY ONE COPY OF EACH FORM IN THE PACKET, IF ADDITIONAL FORMS ARE NEEDED FOR A SECOND PETITIONER, PLEASE REFER TO THE INDIVIDUAL LIST OF FORMS ON THIS WEBSITE.

AT THE TIME OF INITIAL FILING

1. Petition - 18.0
2. Authorization Forms (one per Petitioner) - BC 324
3. Consent of custodial birth parent - 18.3
4. If possible, consent of the non-custodial birth parent - 18.3
5. Preliminary Estimate Accounting - 18.9
6. If putative father exists for minor born after 1-1-97 - Form JFS - 01697 (obtain from Ohio Department of Job & Family Services)
7. Certified copy of minor's birth certificate
8. Custody Affidavit - BC 308
9. Application For Appointment of Assessor - BC 318
10. Judgment Entry Appointing Assessor - BC 319
11. Entry Ordering Independent Home Study - BC 322 (except for stepparent or grandparent adoptions)

All forms must be mailed or brought to Probate Court. **At the time of filing, a deposit of \$200.00 is required.** Please confirm the amount with the clerk since filing fees may have changed subsequent to the date of this instruction sheet. This fee must be paid in cash, check or money order. Additional costs will be required at final hearing.

After the documents are filed the Adoption Clerk will contact you to schedule a pretrial; the attorney for the petitioners must appear at the pretrial.

PRIOR TO HEARING

1. BCII and FBI Report
2. Final Petitioner's Account - 18.9 (must be filed at least 10 days prior to the hearing).
3. Home Study - JFS 01673* or JFS 01698* (must be filed at least 10 days prior to hearing).
4. Pre-finalization Form JFS 01699* (must be filed at least 20 days prior to the hearing) (If Applicable)
5. If notice is being made by publication to non-custodial birth parent or putative father an affidavit of due diligence must be filed prior to the notice being published.
6. Social/Medical Information on birth parents - JFS 01616* (If Applicable)
7. Affidavit of Proof of Publication (If service of notice was made by publication)

AT THE TIME OF HEARING

1. Judgment Entry Finding Consent Not Required - 18.4 (If Applicable)
2. If minor is over age 12, Consent to Adoption - 18.3
3. Final Decree of Adoption - 18.7
4. Adoption Certificate for Parents - 18.8
5. Ohio Department of Health Certificate of Adoption - HEA 2757
6. Receipt for Social Medical History - BC 323 (If Applicable)
7. Application for Certified Copies of New Birth Certificate - HEA 2709

* Completed by Assessor

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

PETITION FOR ADOPTION OF MINOR [R.C. 3107.05]

The undersigned petitions to adopt _____,
a minor, and to change the name of the minor to _____.

PETITIONER

The petitioner states the following:

Full Name: _____ Age _____

Full Name: _____ Age _____

Place of Residence: _____
Street Address

Post Office _____ State _____ Zip Code _____ Duration of residence _____

Marital Status: _____ Date and Place of Marriage: _____

Relationship of Minor to Petitioner: _____

The petitioner has facilities and resource suitable to provide for the nurture and care of the minor and it is the desire of the petitioner to establish the relationship of parent and child with the minor.

MINOR TO BE ADOPTED

Birth Name: _____ Date of Birth: _____

Place of Birth: _____ Property and Value: _____

The minor is living in the home of the petitioner, and was placed therein for adoption on the ____ day of _____, _____ by _____.

The minor is not living in the home of the petitioner, and resides at _____

A certified copy of the birth certificate of the minor is filed with this petition or is not available due to the following:

A Preliminary Estimate Accounting (Form 18.9), if required, is filed with this petition.

The minor is in the permanent custody of _____
whose address is _____

The guardian ad litem during the permanent custody proceedings was _____
whose address is _____

The attorney representing the minor during the permanent custody proceedings was _____
whose address is _____

PERSONS OR AGENCIES WHOSE CONSENT TO THE ADOPTION IS REQUIRED

Name: _____ Relationship: _____ Age, if minor _____

Address: _____ Consent filed

Name: _____ Relationship: _____ Age, if minor _____

Address: _____ Consent filed

_____, the agency has permanent
custody of the minor filed under, _____ Consent filed

PERSONS WHOSE CONSENT TO THE ADOPTION IS NOT REQUIRED

No person has timely registered pursuant to R.C. 3107.062 as a putative father of the minor.
Attached is Ohio Department of Jobs & Family Services Form 1697.

A The consent of _____
Name Address Relationship

B The consent of _____
Name Address Relationship

is/are not required because:

A B

The parent has failed without justifiable cause to provide more than de minimis contact with the
minor for a period of at least one year immediately preceding the filing of the adoption petition or the
placement of the minor in the home of the petitioner.

The parent has failed without justifiable cause to provide for the maintenance and support of the
minor as required by law or judicial decree for a period of at least one year immediately preceding the filing
of the adoption petition or the placement of the minor in the home of the petitioner.

State other grounds under R.C. 3107.07 (includes putative father of the minor).

CASE NO. _____

Attorney for Petitioner

Petitioner

Typed or Printed Name

Typed or Printed Name

Street Address

Petitioner

City State Zip Code

Typed or Printed Name

Phone Number (include area code)

Street Address

Attorney Registration No. _____

City State Zip Code

Phone Number (include area code)

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____

Case No. _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ of _____

City/State/Zip

do hereby authorize: (1) Adult Protective Services in Butler County and surrounding counties to release to the Butler County Probate Court, for an *in camera* inspection by the Court, any reports that may involve me that concern allegations of abuse, neglect, or the exploitation of an adult, (2) Butler County Children Services in Butler County and surrounding counties to release to the Butler County Probate Court, for an *in camera* inspection by the Court, any reports that may involve me that concern allegations of abuse, neglect, or the exploitation of a child, (3) Butler County Sheriff and surrounding counties and municipalities to release to the Butler County Probate Court copies of any records of arrest and/or conviction concerning any criminal charges that I may have, and (4) Butler County Probate Court to obtain from Ohio Courts Network (OCN) current and previous residences, civil and criminal history records, driving records, birth records, public records or any criminal justice agency records that I may have in any federal, state, county, and municipal jurisdictions.

Date of Birth	
Social Security Number	
Drivers License Number/State Issued	
Marital Status	
Previous Address	
Maiden Name	
Spouse's Name	
Name of Former Spouse(s)	
Name(s) of Child(ren)	
A.K.A.	

Signature

Witness

TO BE COMPLETED BY EACH AGENCY (Please check appropriate space and sign. If a record is located, attach record/information to this form.)

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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Adult Protective Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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Children Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
----------------	--------------------------	-------------------	--------------------------

Sheriff's Department

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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Ohio Courts Network (OCN)

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____

Case No. _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ of _____

City/State/Zip

do hereby authorize: (1) Adult Protective Services in Butler County and surrounding counties to release to the Butler County Probate Court, for an *in camera* inspection by the Court, any reports that may involve me that concern allegations of abuse, neglect, or the exploitation of an adult, (2) Butler County Children Services in Butler County and surrounding counties to release to the Butler County Probate Court, for an *in camera* inspection by the Court, any reports that may involve me that concern allegations of abuse, neglect, or the exploitation of a child, (3) Butler County Sheriff and surrounding counties and municipalities to release to the Butler County Probate Court copies of any records of arrest and/or conviction concerning any criminal charges that I may have, and (4) Butler County Probate Court to obtain from Ohio Courts Network (OCN) current and previous residences, civil and criminal history records, driving records, birth records, public records or any criminal justice agency records that I may have in any federal, state, county, and municipal jurisdictions.

Date of Birth	
Social Security Number	
Drivers License Number/State Issued	
Marital Status	
Previous Address	
Maiden Name	
Spouse's Name	
Name of Former Spouse(s)	
Name(s) of Child(ren)	
A.K.A.	

Signature

Witness

TO BE COMPLETED BY EACH AGENCY (Please check appropriate space and sign. If a record is located, attach record/information to this form.)

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>	
----------------	--------------------------	-------------------	--------------------------	--

Adult Protective Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>	
----------------	--------------------------	-------------------	--------------------------	--

Children Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>	
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Sheriff's Department

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>	
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Ohio Courts Network (OCN)

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

CONSENT TO ADOPTION [R.C. 3107.06, 3107.08 & 3107.081]

The undersigned _____

[check one of the following seven capacities by which your consent is given]

- Mother
- Father
- Parent
- Putative father who has registered under R.C. 3107.062
- Agency having permanent custody
- Minor, who is more than twelve years of age (this consent must be executed in the presence of the Court)
- Other _____

hereby waives notice of the hearing on the Petition For Adoption to be filed in the court, and consents to the adoption of _____
(Name before adoption)

as proposed in the petition.

The undersigned further states that this consent is voluntarily executed irrespective of disclosure of the name or other identification of the prospective adopting parents.

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

Person authorized pursuant to R.C.
Chapter 3107 to take this
acknowledgment

Title

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

PETITIONER'S ACCOUNT

[R.C. 3107.055]

PRELIMINARY ESTIMATE ACCOUNTING

(To be filed not later than date petition filed)

FINAL ACCOUNTING

(To be filed not later than 10 days prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the agency or attorney made and has agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

DATE	NAME AND ADDRESS	DISBURSEMENTS MADE OR AGREED TO BE MADE	ACTUAL COSTS
	PHYSICIAN		
	HOSPITAL/MEDICAL FACILITY		
	ATTORNEY		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY		
	ACTUAL COST TO THE AGENCY		
	MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15		
	EXPENSES PURSUANT TO R.C. 3107.055(C)(9)		
	FOSTER CARE		
	GUARDIAN AD LITEM		
	COURT COSTS		
	ALL OTHER DISBURSEMENTS		
	TOTAL		

CERTIFICATION OF PETITIONER'S ACCOUNT

The undersigned certifies this _____ day of _____, _____, that this accounting is true and accurate.

Attorney or Agency

Typed or Printed Name

Address

City State

Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this _____ day of _____, _____

Petitioner

Petitioner

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE PLACEMENT OF _____

(Current name of child)

CASE NO. _____

AFFIDAVIT

[R.C. 3127.23]

State of Ohio, County of BUTLER s.s.

Affiant being first duly sworn, deposes and says:

1. That the child's present address, the place(s) where the child has lived within the last five years, and the name and present address of each person with whom the child has lived during that period are:
2. That affiant has (not) participated as a party, witness, or in any other capacity in any proceeding concerning the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child including any designation of parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the same child and, if so, the court, case number and the date of the child custody determination are attached.
3. That affiant has (no) information of any proceeding that could affect the current proceeding, including proceedings for enforcement of child custody determinations, proceedings relating to domestic violence or protection orders, proceedings to adjudicate the child as an abused, neglected, or dependent child, proceedings seeking termination of parental rights, and adoptions, and, if so, the court, the case number, and the nature of the proceeding are attached.
4. That affiant has (no) knowledge of any person who is not a party to the proceedings and has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have parenting time rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child and, if so, the names and addresses of those persons are attached.
5. That affiant has (not) been previously convicted of or pleaded guilty to any criminal offense involving any act that resulted in a child being an abused child or a neglected child or previously been determined, in a case in which a child has been adjudicated an abused child or a neglected child, to be the perpetrator of the abusive or neglectful act that was the basis of the adjudication.

If 2, 3, 4 or 5 is answered in the affirmative, and the space afforded is insufficient for full explanation, please attach and incorporate herein any necessary information.

Affiant realizes that (s)he has a continuing duty to inform the Court of any parenting proceeding concerning the child in this or any other state of which affiant obtains information during the pendency of this proceeding.

Signature of Affiant

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

Notary Public

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____

(Name after adoption)

CASE NO. _____

APPLICATION FOR APPOINTMENT OF ASSESSOR

[R.C. 3107.012, 3107.031]

Now comes Petitioner(s) , _____ ,
and request(s) that the Court appoint an assessor to perform the services required to be performed by an
assessor as set forth in Chapter 3107.

Petitioner(s) request(s) that the Court appoint _____
as the assessor in this case and represents to the Court that said person or agency is duly licensed as an
assessor in accordance with the requirements of Section 3107.012 of the Revised Code.

Petitioner(s) understand(s) that the cost of the assessor services will be the sole responsibility of the
Petitioner(s) and will contract directly with the assessor regarding payment for such services, subject to the
provisions of section 3107.10 of the Revised Code.

Attorney for Petitioner

Typed or Printed Name

Street Address

City State Zip Code

Phone Number (include area code)

Attorney Registration No. _____

Petitioner

Typed or Printed Name

Petitioner

Typed or Printed Name

Street Address

City State Zip Code

Phone Number (include area code)

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____

(Name after adoption)

CASE NO. _____

JUDGMENT ENTRY APPOINTING ASSESSOR

[R.C. 3107.012, 3107.031]

This matter having come before the Court on the Petitioner(s) Application For Appointment of Assessor and the Court being otherwise fully advised,

IT IS THEREFORE ORDERED that _____

be appointed assessor in this case and provide assessor services as required by Chapter 3107 of the Revised Code, and

IT IS FURTHER ORDERED that the cost of the assessor services will be the sole responsibility of the Petitioner(s) and that the Petitioner(s) is/are instructed to contract directly with the assessor regarding payment for such services, subject to the provisions of section 3107.10 of the Revised Code.

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____

(Name after adoption)

CASE NO. _____

ENTRY ORDERING INDEPENDENT HOME STUDY

[R.C. 3107.031]

This day this cause came on to be heard upon the application of Petitioner(s), _____

_____, for an independent home study with
(Full name of petitioner)

_____ for the purpose of ascertaining whether
(Agency)

Petitioner(s) seeking to adopt the minor is/are suitable to adopt.

The Court hereby orders _____ to make an
(Agency)

independent home study of the proposed placement to be conducted as provided in section 3107.031 of the Revised Code, and to file a written report of the home study with the Court.

The costs of the home study shall be paid by the person seeking to adopt the child.

Date

Probate Judge

Attorney

(Type or Print Attorney's Name)

Street

City, State, Zip Code

Telephone Number (Include area code)

**PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB**

ADOPTION OF: _____
(Name after adoption)

CASE NO. _____

JUDGMENT ENTRY FINDING CONSENT NOT REQUIRED
[R.C. 3107.07]

The Court finds all parties properly before the Court by waiver of notice or by proper service and after hearing the testimony of witnesses, and the evidence, finds that the consent of _____ is not required because;

- That person is a parent who has failed without justifiable cause to provide more than de minimis contact with the minor for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.
- That person is a parent who has failed without justifiable cause to provide for the maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.
- State other grounds under 3107.07 (includes putative father of the minor born prior to January 1, 1997).

It is ordered that the consent of the above named person is not required.

_____, Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

PETITIONER'S ACCOUNT

[R.C. 3107.055]

PRELIMINARY ESTIMATE ACCOUNTING

(To be filed not later than date petition filed)

FINAL ACCOUNTING

(To be filed not later than 10 days prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the agency or attorney made and has agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

DATE	NAME AND ADDRESS	DISBURSEMENTS MADE OR AGREED TO BE MADE	ACTUAL COSTS
	PHYSICIAN		
	HOSPITAL/MEDICAL FACILITY		
	ATTORNEY		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY		
	ACTUAL COST TO THE AGENCY		
	MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15		
	EXPENSES PURSUANT TO R.C. 3107.055(C)(9)		
	FOSTER CARE		
	GUARDIAN AD LITEM		
	COURT COSTS		
	ALL OTHER DISBURSEMENTS		
	TOTAL		

CERTIFICATION OF PETITIONER'S ACCOUNT

The undersigned certifies this _____ day of _____, _____, that this accounting is true and accurate.

Attorney or Agency

Typed or Printed Name

Address

City State

Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this _____ day of _____, _____

Petitioner

Petitioner

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____

(Name after adoption)

CASE NO. _____

RECEIPT

[3107.09(E)]

The undersigned hereby acknowledges receipt of the Social and Medical History (ODHS 1616) in this matter.

Signature of Petitioner

Signature of Petitioner

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

FINAL DECREE OF ADOPTION (Without Interlocutory Order) [R.C. 3107.13, 3107.04 & 3107.19]

This day this matter came on to be heard on the petition of _____
_____ for the adoption and change of name of the
minor being adopted.

The Court finds that notice has been given to all parties; that all consents have been filed or have been found not required; that the allegations in the petition are true; that the minor has been lawfully placed in the home of the petitioner; that the minor has lived in the home of the petitioner for six months as required by law; that a report of the assessor has been filed and is approved; that the adoption is in the best interest of the minor being adopted; that the accountings, as required, have been filed, reviewed and approved; and that the minor is an adopted person.

It is therefore ordered that the Petition for Adoption is granted, and that the name of the minor is changed to _____.

Date

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after adoption)

CASE NO. _____

ADOPTION CERTIFICATE FOR PARENTS

This is to certify, that in an action pending in this Court, on a petition filed by _____

_____ to adopt _____

a minor, satisfactory evidence was submitted to prove, and the Court found, that the minor was born on the _____ day of _____, _____, at _____

and that all necessary proceedings relative to an adoption were complied with; and the Court on the _____ day of _____, _____, decreed that the minor is legally adopted by _____

_____ and the minor's name is changed to _____ in the records of the Court.

WITNESS my signature and seal of said Court,

this _____ day of _____, _____

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

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

CHILD'S PERSONAL DATA			
1. Name of Child BEFORE Adoption	2. Date of Birth (Month, Day, Year)	3. Sex	4. Place of Birth (City, County, State or Foreign Country)
Child's Name After Adoption			
First Name	Middle Name	Last Name	
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.			
Choose One: Mother Father Parent	Gender: Female Male	Choose One: Mother Father Parent	Gender: Female 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)
Other Required Information (From the Original Birth Certificate)		Foreign Adoptions Only (from the Original Birth Certificate)	
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 on _____ (Date)			
By _____ (Name(s) of Petitioner(s))			
As set forth in the final decree of adoption, Case No., _____			
Date _____		Probate Judge _____	
		Deputy Clerk _____	

Ohio Department of Health • Vital Statistics

Application For Certified Copies

CERTIFICATE REQUESTED

<input type="checkbox"/> Birth Certificate \$21.50 per certified copy	<input type="checkbox"/> Paternity Affidavit \$7.00 per certified copy
<input type="checkbox"/> Death Certificate \$21.50 per certified copy	<input type="checkbox"/> Stillbirth Abstract (No Cause of Death) Free to birth parents <input type="checkbox"/> Fetal Death Certificate (Cause of Death shown) \$21.50 per certified copy

Mailing Address

Send completed application with required fee to:

Ohio Department of Health
 Vital Statistics
 P.O. Box 15098
 Columbus, Ohio 43215-0098
 (614) 466-2531

RECORD INFORMATION (Information about the person on the requested record)

Full Name (for birth, indicate child's full name as shown on the original birth record):		If Name was Changed Since Birth, Indicate New Name:	
Date of Birth:	Date of Death:	City and County Where Event Occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:

CHARGES Please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO"

Birth:	Please indicate if you are requesting the certificate for any of the following purposes: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of birth record copies: _____ x \$21.50 = \$ _____
Death:	<input type="checkbox"/> No , I do not need the Social Security Number included. <input type="checkbox"/> Yes , I request a copy with the SSN included. You must attach a copy of your identification showing you are an authorized requestor (see instructions page for complete listing of authorized requestors).	Number of death record copies: _____ x \$21.50 = \$ _____
Acknowledgment of Paternity (AOP):	Central Paternity Registry 6-digit Number (please call the Central Paternity Registry at (888) 810-6446 if you do not have this number):	Number of AOP copies: _____ x \$7.00 = \$ _____
Fetal Death or Stillbirth:	Did the stillbirth event occur at 20 weeks or less gestation? <input type="checkbox"/> Yes <input type="checkbox"/> No (This information will help us determine how the record has been filed)	Number of stillbirth abstract certificates: _____ (Free to birth parents) Number of fetal death record copies: _____ x \$21.50 = \$ _____
Total Amount Due: Refunds will be issued only for orders where a certified document cannot be issued. Overpayment of \$2.00 or less will not be refunded.		\$ _____

APPLICANT INFORMATION (Information about the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:	Email:	
Street Address:	Phone Number:	
City, State, & ZIP:	Signature of Applicant:	