

# INSTRUCTIONS – PROCESS FOR RECOGNITION OF FOREIGN ADOPTION AND REGISTRATION OF FOREIGN BIRTH RECORD

## ALL FORMS MUST BE TYPEWRITTEN

These instructions are being provided as a public service of the Butler County Probate Court, and are intended as a guideline only. Depending on the circumstances of each case, additional steps may be required that are not listed below.

**The documents that you file *must* be typewritten, legible AND completed in their entirety.** (Forms on our web site may be typed prior to printing). Illegible or incomplete documents may be refused for filing or if filed could result in your petition being denied, delayed or dismissed.

A Registration of Foreign Birth Record may be filed by a person who has adopted a person pursuant to a decree or certificate of adoption recognized in this state that was issued outside the United States, the court of the county in which the person making the request resides shall order the department of health to issue a foreign birth record for the adopted person under section 3705.122 of the Revised Code. The court may specify a change of name for the child and, if a physician has recommended a revision of the birth date, a revised birth date.

### **The following documents and court costs are needed to obtain a foreign birth record:**

- Petition to Recognize Foreign Adoption (19.2) with the following attachments:
- Foreign Birth Certificate with Certified Translation
- Foreign Final Order or Adoption Decree with Certified Translation which has been verified and approved by the United States Citizenship and Immigration Services (USCIS) such as Forms I-171H, I-797, or INS Form I-171 if child adopted before 2003.
- Adopted child's VISA:
  - IH-3 visa: If child's adoption is final and from a Hague country
  - IH-4 visa: If child is coming to the United States from a Hague country to be adopted
  - IR-3 visa: If child is adopted from a non-Hague country and final adoption is completed abroad
  - IR-4 visa: If child is from a non-Hague country and child is coming to the United States to be adopted, was adopted abroad by only one parent, or was not seen by parent(s) prior to or during adoption
- Order for Ohio Birth Record for Foreign Born Child (19.3)
- Final Decree of Adoption Recognizing Foreign Decree
- Ohio Dept. of Vital Statistics – Certificate of Adoption (HEA 2757)
- Ohio Dept. of Vital Statistics – Application for Birth Certificate (HEA 2709)
- Check or money order for \$125.00

Once the court reviews the documents and/or a hearing is held, the court will return your original Foreign Documents. After the Order for Ohio Birth Record is granted the court will then forward the Certificate of Adoption (HEA 2757) Foreign Decree and its translation to the Ohio Department of Vital Statistics. It is the responsibility of the applicant to obtain the new birth certificate using Ohio Dept. of Health form HEA 2709

**Note: The foreign birth record is the same as a Birth Certificate issued from the State of Ohio except that it shall show the actual country of birth. (RC 3705.122(B)).**

**LEGAL PRACTICE IN THE PROBATE COURT IS RESTRICTED BY LAW TO ATTORNEYS WHO ARE LICENSED BY THE SUPREME COURT OF OHIO. IF AN INDIVIDUAL WISHES TO HANDLE HIS OR HER OWN CASE, THAT PERSON MAY ATTEMPT TO DO SO, HOWEVER DUE TO THE COMPLEXITY OF THE LAW AND DESIRE TO AVOID COSTLY ERRORS, MOST INDIVIDUALS WHO HAVE MATTERS BEFORE THE COURT ARE REPRESENTED BY AN ATTORNEY.**

**IF YOU CHOOSE TO REPRESENT YOURSELF AND USE THE COURT'S FORMS, PLEASE BE ADVISED THAT STATE LAW PROHIBITS THE JUDGE, MAGISTRATE AND EMPLOYEES OF BUTLER COUNTY PROBATE COURT FROM PROVIDING YOU WITH LEGAL ADVICE OR ASSISTING YOU IN THE SELECTION OR PREPARATION OF LEGAL FORMS. IF YOU NEED ADDITIONAL ASSISTANCE YOU WILL NEED TO CONTACT AN ATTORNEY OF YOUR CHOOSING.**

# PROBATE COURT OF BUTLER COUNTY, OHIO

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 of 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 certified 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 No. \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_,

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

Attached is a 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, Certificate of Adoption.

The Petitioner(s) state that giving effect to the Foreign Decree of 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 shall 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

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

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

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

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

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

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_  
Petitioner

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

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

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

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

# PROBATE COURT OF BUTLER COUNTY, OHIO

ADOPTION OF: \_\_\_\_\_

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 or 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

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**ADOPTION OF:** \_\_\_\_\_

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

**FINAL DECREE OF ADOPTION RECOGNIZING FOREIGN DECREE**

[R.C. 3107.18]

This day this matter comes on to be heard upon the Petition to Recognize Foreign Adoption filed by \_\_\_\_\_  
\_\_\_\_\_.

The Court finds that a Foreign Decree or Certificate of Adoption in compliance with the laws of the Country of \_\_\_\_\_ was issued by (Name of Court) \_\_\_\_\_ in Case No. \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

The Court further finds that 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 foreign country would not violate public policy of the State of Ohio.

It is therefore ORDERED that the adoption of minor child, \_\_\_\_\_, by Petitioner(s) \_\_\_\_\_ is hereby recognized and validated in the State of Ohio.

It is FURTHER ORDERED that the legal relationship of the petitioner(s) and child is hereby recognized between them, in all respects, as though minor child \_\_\_\_\_, was the natural child of Petitioner(s) \_\_\_\_\_ pursuant to R.C. 3107.15.

\_\_\_\_\_  
Date

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

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 <b>BEFORE</b> Adoption	2. Date of Birth (Month, Day, Year)	3. Sex	4. Place of Birth (City, County, State or Foreign Country)
<b>Child's Name After Adoption</b>			
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: <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 Middle Name	Current Middle Name	Current Last Name	Current Last 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, Butler 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"/> <b>Birth Certificate</b> \$21.50 per certified copy	<input type="checkbox"/> <b>Paternity Affidavit</b> \$7.00 per certified copy
<input type="checkbox"/> <b>Death Certificate</b> \$21.50 per certified copy	<input type="checkbox"/> <b>Stillbirth Abstract</b> (No Cause of Death) Free to birth parents <input type="checkbox"/> <b>Fetal Death Certificate</b> (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 <i>(for birth, indicate child's full name as shown on the original birth record)</i> :		If Name was Changed Since Birth, Indicate New Name:	
Date of Birth:	Date of Death:	City and County Where Event Occurred:	
<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:	<input type="radio"/> Mother <input checked="" type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:

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

<b>Birth:</b>	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 = \$ _____
<b>Death:</b>	<input checked="" type="radio"/> <b>No</b> , I do not need the Social Security Number included. <input type="radio"/> <b>Yes</b> , 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 = \$ _____
<b>Acknowledgment of Paternity (AOP):</b>	<b>Central Paternity Registry 6-digit Number</b> <i>(please call the Central Paternity Registry at (888) 810-6446 if you do not have this number):</i>	Number of AOP copies: _____ x \$7.00 = \$ _____
<b>Fetal Death or Stillbirth:</b>	Did the stillbirth event occur at 20 weeks or less gestation? <input checked="" type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b> <i>(This information will help us determine how the record has been filed)</i>	Number of stillbirth abstract certificates: _____ <i>(Free to birth parents)</i> Number of fetal death record copies: _____ x \$21.50 = \$ _____
<b>Total Amount Due:</b> 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: