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
JOHN M. HOLCOMB, 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: _____

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 _____, as evidenced by:

IR-3

IH-3

Successor Immigrant Visa

Also, attached are the other necessary documents:

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

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 a translation certified as to its accuracy by the translator.

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

The Petitioner(s) 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)

_____
Email Address

Attorney Registration No. _____

_____
Petitioner

_____
Typed or Printed Name

_____
Petitioner

_____
Typed or Printed Name

_____
Email Address

_____
Street Address

_____
City State Zip Code

_____
Telephone Number (include area code)

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

SCO-CLC-PBT 0019.3 (Rev. 10/2022) Previous Editions Obsolete

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

ADOPTION OF: _____
(name after adoption)

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 **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 of 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 _____

Bureau of Vital Statistics
Application for Ohio Certified Birth Record Copies

Department of Health

As of Jan, 1, 2025, the fee for a search of an Ohio vital record is $21.50 whether a record is located or not, per ORC 3705.24 (A) (1)(a)(ii). If no birth record is found, a certified "No Record" statement will be issued only if the applicant is requesting their own record or that of a minor child if they are the legal guardian. Any payment made that exceeds $21.50 by more than $2 will be refunded if no record is provided. Please ensure all pertinent information is included with your request, including full birth name, date of birth, and mother's name prior to first marriage. Individuals requesting a certified affidavit of paternity must submit this application with the registration number of the document. If not known, please call the Ohio Central Paternity at 1-888-810-6446 prior to completing this application.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

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

☐ **Birth Certificate**
$21.50 per certified copy

☐ **Heirloom Certificate**
$25.00 per certified copy

☐ **Affidavit of Paternity**
$7.00 per certified copy

APPLICANT INFORMATION (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:**	

RECORD INFORMATION (the person on the requested record for Ohio births only)

Full Name (indicate the child's full name as shown on the original birth record):		**If Name Has Changed Since Birth, Indicate New Name:**	
Date of Birth:		**City and County Where the Birth Occurred:**	
○ **Mother** ○ **Father** ○ **Parent**	**Name Before First Marriage:**	○ **Mother** ○ **Father** ○ **Parent**	**Name Before First Marriage:**

FEES (Please make checks / money orders payable to the Treasurer, State of Ohio)

BIRTH:

Please Indicate The Reason For Requesting This Record:

- ☐ **Dual Citizenship**
- ☐ **Genealogy**
- ☐ **International Legal Business**
- ☐ **Out of Country Marriage**
- ☐ **Drivers License**
- ☐ **Passport**
- ☐ **School**
- ☐ **Work Permit**

Number of Birth Record Copies:
_____ x $21.50 = $_____

AFFIDAVIT OF PATERNITY (AOP):

Central Paternity Registry 6-digit Number (Please call the Ohio Central Paternity Registry at (888)-810-6446 if you do not have this number.)
CPR# _____

Number of AOP Copies:
_____ x $7.00 = $_____

TOTAL AMOUNT DUE: Do NOT send cash. Make checks / money orders payable to Treasurer, State of Ohio. $_____