

OHIO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Number _____
Date Received _____

ADOPTION
AUTHORIZATION FOR RELEASE

DO NOT USE

This form is prescribed for the purpose of authorizing the release of identifying information pertaining to the biological sibling of an adopted person in accordance with Section 3107.41 of the Revised Code.

Type or Print Legibly

1. Present name of biological sibling _____
Last First Middle
2. Date or approximate date of final decree of adoption, if known _____
3. Name of biological sibling at time of final decree of adoption _____
Last

INFORMATION AS REPORTED ON ADOPTED INDIVIDUAL'S

ORIGINAL CERTIFICATE OF BIRTH

4. Child's name at birth _____
5. Date of birth _____
6. Place of birth _____
City County State

I hereby authorize the Bureau of Vital Statistics, Ohio Department of Health, to release, in accordance with Section 3107.41 of the Ohio Revised Code, identifying information pertaining to myself. I realize that the purpose of this release form is to enable the adopted person to obtain identifying information pertaining to their biological sibling.

7. Signature of biological sibling _____ Date _____
8. Mailing address _____
Street Address City State Zip

(INSTRUCTIONS ON REVERSE)

ADOPTION
AUTHORIZATION FOR RELEASE
INSTRUCTIONS

Section 3107.41 of the Revised Code provides that an adopted person 21 years of age or older may file a petition in a probate court for the release of identifying information pertaining to the adopted person's biological parents or biological sibling. Such identifying information may be provided to the adopted person if a valid authorization for release, completed by the biological parent or biological sibling, is on file with the Ohio Department of Health, Bureau of Vital Statistics.

A biological parent cannot authorize the release of identifying information for the other biological parent. In order for identifying information to be released for both biological parents, each parent must complete and file an authorization for release form. A biological parent cannot authorize the release of identifying information pertaining to a biological sibling of the adopted person. The biological sibling must complete and file the authorization for release form. The biological sibling cannot authorize the release of identifying information on the biological parents or another biological sibling.

A biological parent may request the release of additional information to the adopted person by providing such information on a separate sheet of paper. The additional information shall be signed, dated, and attached to the authorization for release. Such additional information cannot pertain to the other biological parent unless the other parent has filed an authorization for release of identifying information or to a biological sibling unless the sibling has filed an authorization for release of identifying information.

A biological sibling may request the release of additional information to the adopted person by providing such information on a separate sheet of paper. The additional information shall be signed, dated, and attached to the authorization for release. Such additional information cannot pertain to the biological parents or another biological sibling.

- ITEM 1. PRESENT NAME OF BIOLOGICAL SIBLING - The full name of the biological sibling at the time of completing the form.
- ITEM 2. DATE OR APPROXIMATE DATE OF FINAL DECREE OF ADOPTION, IF KNOWN - If unknown, state unknown.
- ITEM 3. NAME OF BIOLOGICAL SIBLING AT TIME OF FINAL DECREE OF ADOPTION - Biological sibling's surname, as it existed at the time the final decree of adoption was granted. If date of final decree is unknown, this item should remain blank.
- ITEM 4. CHILD'S NAME AT BIRTH - Adopted child's complete name as reported on original certificate of birth completed at the time of birth.
- ITEM 5. DATE OF BIRTH - The date of the adopted person's birth.
- ITEM 6. PLACE OF BIRTH - The city, county, and state in which the adopted person was born.
- ITEM 7. SIGNATURE OF BIOLOGICAL SIBLING - The legal signature of the biological sibling that is authorizing the release of identifying data. This item should also be completed with the date signed.
- ITEM 8. MAILING ADDRESS - The complete current mailing address of the biological sibling completing the authorization for release.

The completed authorization for release form should be mailed to Bureau of Vital Statistics, Ohio Department of Health, P.O. Box 15098, Columbus, Ohio 43215-0098.