

Number _____

OHIO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Date Received _____

DO NOT USE

ADOPTION

WITHDRAWAL OF AUTHORIZATION FOR RELEASE

This form is prescribed for the purpose of withdrawing an authorization for the release of identifying information pertaining to the biological parent of an adopted person in accordance with Section 3107.40 of the Revised Code.

Type or Print Legibly

1. Present name of biological parent _____
Last First Middle
2. Date or approximate date the authorization for release was filed _____
3. Name of biological parent 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 withdraw the authorization for release of identifying information pertaining to myself that was filed with the Bureau of Vital Statistics, Ohio Department of Health, in accordance with Section 3107.41 of the Revised Code.

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

(INSTRUCTIONS ON REVERSE)

ADOPTION

WITHDRAWAL OF AUTHORIZATION FOR RELEASE

INFORMATION

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 siblings. 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.

Section 3107.40 of the Revised Code provides that a biological parent or biological sibling may withdraw an authorization of release that was completed and filed with the Ohio Department of Health, Division of Vital Statistics. The authorization of release may be withdrawn by notifying the Ohio Department of Health, Division of Vital Statistics on the prescribed form.

INSTRUCTIONS

- ITEM 1. PRESENT NAME OF BIOLOGICAL PARENT - The full name of the biological parent at the time of completing the form.
- ITEM 2. DATE OR APPROXIMATE DATE THE AUTHORIZATION FOR RELEASE WAS FILED - Provide the date or approximate date that the authorization for release was filed with the Ohio Department of Health.
- ITEM 3. NAME OF BIOLOGICAL PARENT AT TIME OF FINAL DECREE OF ADOPTION - Biological parent'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 PARENT - Legal signature of the biological parent that is withdrawing the authorization for the release of identifying data. This item should also be completed with the date signed.
- ITEM 8. MAILING ADDRESS - Current mailing address of the biological parent completing the withdrawal of authorization for release.

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