

**Ohio Department of Health**  
**Application for Adoption File**

Section 3107.38 of the Ohio Revised Code provides that an adopted person or any lineal descendant of an adoptee whose birth occurred in this state may request in writing (notarized affidavit form along with two items of identification and the fee of \$20.00) to receive copies of the contents located in an adoption file.

I, \_\_\_\_\_ being first duly sworn, say that  
(Adopted person's or lineal descendant's present name)

I am the \_\_\_\_\_ in relation to the adopted  
(Adopted Person, Child, Grandchild, or Great-Grandchild)

person whose adopted name is \_\_\_\_\_, and  
(Adoptive name)

born on \_\_\_\_\_, in \_\_\_\_\_, hereby request  
(adoptee's date of birth) (adoptee's city and county of birth)

the Ohio Department of Health provide me with the copy of the contents in the requested adoption file. Enclosed are copies of two items of identification. I am aware that other items of identification may be required before the copies can be mailed. Items of identification include, but are not limited to, a motor vehicle operator's license or chauffeur's license, identification card, marriage record (to provide linkage between the maiden name and married name), social security card, military identification card or employee's identification card. If I am a lineal descendant, I must provide identification that links my relationship to the adoptee. (Ex: Birth certificate of child to show mother or father is adoptee)

Signature of adopted person or lineal descendant		
Street address		
City	State	Zip Code

Sworn to before me and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Date commission expires)

Effective Oct. 25, 1996, the fee established for copies of the contents of an adoption file is \$20.00 pursuant to Section 3705.241.

Please include a check or money order made payable to: Treasurer, State of Ohio.

The completed application should be mailed to:  
Ohio Department of Health  
Attn: Special Registration  
P. O. Box 15098  
Columbus, Ohio 43215-0098