Department of Health

Authorization of Release Form for Biological Parent

(Adoptions finalized after September 18, 1996 to Present)

Section 3107.46 of the Ohio Revised Code states a birth parent who signed a denial form may rescind that form by filing an authorization of release form with the Department of Health. **Two forms of identification such as motor vehicle or commercial driver's license, identification card, marriage application, social security card, military identification card, or employee identification card must be submitted with the authorization of release form.**

Information as Recorded on Adopted Person's Original Birth Record

Child's Full Name at Birth (Last, First, Middle) _____ Date of Birth (Month, Day, Year) _____

Place of Birth (City, County, State) _____

Mother's Full Maiden Name (Last, First, Middle) _____

I do authorize the release of identifying information about me from the adoption file maintained by the Ohio Department of Health to the adoptive parent when the adoptee is at least 18 but younger than age 21, or to the adoptee at age 21 or older. I understand I may change my mind at any time and as many times as I desire regarding the release of identifying information by signing, dating and filing a denial of release form or authorization of release form prescribed and provided by the Ohio Department of Health and by providing the Ohio Department of Health with two forms of identification.

Signature of Birth Parent _____ Date _____

Street Address _____

City _____ State _____ ZIP _____

Ohio Law requires that the birth parent receive a copy of the completed form.

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