

**PROBATE COURT OF FAIRFIELD COUNTY, OHIO**  
**Terre L. Vandervoort, Judge**

In the Matter of the ADOPTION of: \_\_\_\_\_  
(Child's Name After Adoption)

Case No: \_\_\_\_\_ Date: \_\_\_\_\_

**PETITION FOR RELEASE OF INFORMATION**

The undersigned Petitioner hereby petitions this Court for release of information concerning his/her adoption, if any, pursuant to R.C. 3107.41 and herein submits the following information concerning himself/herself.

\_\_\_\_\_ Date of Birth \_\_\_\_\_ City, County, and State of Birth

\_\_\_\_\_ Adoptive Name on Birth Certificate \_\_\_\_\_ Adoption Case No.

\_\_\_\_\_ Names of Adoptive Parents

\_\_\_\_\_ Petitioner's Current Address

\_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone

\_\_\_\_\_ Agency Involved in Adoption (if known)

\_\_\_\_\_ Agency Address

- Social and Medical Histories Only
- Identifying Information Only
- Both

Petitioner further says that this Court has jurisdiction to hear this Petition because: (check appropriate box).

- Petitioner is a resident of Fairfield County, Ohio
- Petitioner was adopted in the Probate Court of Fairfield County, Ohio on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
- Petitioner is not a resident of the State of Ohio and does not know which Probate Court entered the Final Decree of Adoption in the adoption proceeding.

Therefore, the Petitioner hereby requests this Court to appoint an agency and issue an order pursuant to R.C. 3107.41(B)(1) to the Department of Health requiring it to provide the agency with either a copy of the original birth record or, if the department does not possess the original birth record, the identity of the Court involved in the Petitioner's adoption.

\_\_\_\_\_  
Petitioner

Sworn before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public