

## **INTERNATIONAL RE-ADOPTIONS**

### **I. PETITION OF FOREIGN ADOPTION**

- A. Attorney provides:
- \* Petition of Foreign Adoption (Form ADPFA) using full legal names, no initials and pays court costs.
  - \* Original (will be returned) and 2 copies of Birth Certificate and Final Decree of Adoption from foreign country, with translation and certification of translation, along with child's green card or certification of citizenship
  - \* ODH Vital Statistics Certificate of Adoption (Form HEA 2757)

### **II. FINAL HEARING**

- A. Petitioners and child must appear.
- B. Court provides:
- \* Notice of Final hearing (Form 20.11A)
  - \* Adoption Certificate for Parents (Form 18.8)
  - \* Final Decree of Foreign Adoption (Form ADJEOFA)
- C. Court forwards documents to State Bureau of Vital Statistics for Ohio birth record.
- D. Petitioner to wait at least 30 days after the final hearing to order the new birth certificate, following the instructions provided in the packet at the final hearing.

**PROBATE COURT OF LUCAS COUNTY, OHIO  
JACK R. PUFFENBERGER, JUDGE**

IN THE MATTER OF THE ADOPTION OF:

\_\_\_\_\_  
(Name after Adoption)

CASE NO. \_\_\_\_\_

**PETITION OF FOREIGN ADOPTION**

(R.C. 3107.18)

**(Check applicable boxes, complete applicable blanks, strike inapplicable language, and attach supporting documentation)**

The Petitioner(s) is/are the adoptive parent(s) of a minor child pursuant to a foreign decree or certificate of adoption and state that:

**PETITIONER(S)**

Petitioner's Full Name: \_\_\_\_\_

Petitioner's Full Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Duration of Residence: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date & Place of Marriage: \_\_\_\_\_

**ADOPTED CHILD**

Name of Child Before Adoption: \_\_\_\_\_

Name of Child After Adoption: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_

**ATTACHED IS A CERTIFIED COPY OF THE CHILD'S BIRTH CERTIFICATE, AND IF NOT IN ENGLISH, ALSO ATTACHED IS A TRANSLATION CERTIFIED AS TO ITS ACCURACY BY THE TRANSLATOR.**

A Foreign Decree or Certificate of Adoption in compliance with the laws of the country of \_\_\_\_\_ was issued by (Name of Court): \_\_\_\_\_  
In Case Number \_\_\_\_\_ on the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

CASE NO. \_\_\_\_\_

**ATTACHED IS A CERTIFIED COPY OF THE FOREIGN DECREE OR CERTIFICATE OF ADOPTION WHICH HAS BEEN VERIFIED AND APPROVED BY THE IMMIGRATION AND NATURALIZATION SERVICE OF THE UNITED STATES, AND IF NOT IN ENGLISH, ALSO ATTACHED IS A TRANSLATION CERTIFIED AS TO ITS ACCURACY BY THE TRANSLATOR.**

Attached is a fully completed Ohio Department of Health, Division of Vital Statistics, Certificate of Adoption Form HEA 2757.

The Petitioner(s) state that giving effect to the Foreign Decree or Certificate of Adoption would not violate the public policy of the State of Ohio and respectfully pray for the following Order(s):

- A Final or Interlocutory Order of Adoption
- An Order that the child's name shall be changed to:  
\_\_\_\_\_
- An Order to the Department of Health to issue a foreign birth record for the adopted person under R.C. 3705.12(A)(4).

\_\_\_\_\_  
Attorney for Petitioner(s)

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed name

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_

INFORMATION PROVIDED ON THIS FORM IS TO BE USED TO ESTABLISH A NEW CERTIFICATE OF BIRTH FOR THE ADOPTED CHILD.

Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF ADOPTION

State Use Only
Original SFN _____
Amended SFN _____
Envelope # _____
AFS # _____

**CHILD'S PERSONAL DATA**

1 Name of Child <b>BEFORE</b> Adoption	2 Date of Birth (Month, Day, Year)	3 Sex	4 Place of Birth (City, County, State or Foreign Country)
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**Child's Name After Adoption**

First Name	Middle Name	Last Name
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**ADOPTIVE PARENT(S)' PERSONAL DATA**

The following information provided below will be used to create the new birth record. List information as it existed on child's date of birth.

Choose One			Relation to Child		Choose One			Relation to Child		
Mother	Father	Parent	Adoptive	Natural	Mother	Father	Parent	Adoptive	Natural	
Current First Name					Current First Name					
Current Middle Name					Current Middle Name					
Current Last Name					Current Last Name					
Last Name Prior to First Marriage					Last Name Prior to First Marriage					
Date of Birth (Month, Day, Year)			Birth Place (State or Foreign Country)		Date of Birth (Month, Day, Year)			Birth Place (State or Foreign Country)		
Parent(s) Residence at Time of Child's Birth (Number and Street)										
City		County			State		Zip Code		Inside City Limits (Yes or No)	
									Yes No	

**Foreign Adoptions Only (Information from Original Birth Record)**

Time of Birth
Hospital/Birthing Facility
Registrar's Name & Date Filed by Registrar (Month, Day, Year)
Attendant's Name (M.D, D.O, C.N.M, Other Midwife) & Date Signed

**Certification**

Probate Court, \_\_\_\_\_ County, Ohio

I hereby certify that the child named above was adopted on \_\_\_\_\_ (Date)

by \_\_\_\_\_ (Name(s) of Petitioner(s))

as set forth in the final decree of adoption, Case No., \_\_\_\_\_

Date \_\_\_\_\_ Probate Judge \_\_\_\_\_

Deputy Clerk \_\_\_\_\_