

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

**IN THE MATTER OF  
THE ADOPTION OF:**

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

**PETITION OF FOREIGN BIRTH RECORD  
(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. IF A REVISED BIRTHDATE IS RECOMMENDED AN AFFIDAVIT OF THE PHYSICIAN SHALL BE ATTACHED.**

**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. IF A REVISED BIRTHDATE IS RECOMMENDED AN AFFIDAVIT OF THE PHYSICIAN SHALL BE ATTACHED.**

Attached is a fully completed Ohio Department of Health, Division of Vital Statistics, Certificate of Adoption Form HEA 2757 (LCPC form 20.18).

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):

- An Order that the child's name shall be changed to:  
\_\_\_\_\_
- An Order that the child's birth date 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).
- \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Address

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