

ADULT ADOPTION

PETITION FOR ADOPTION

1. Attorney files Petition for Adult Adoption (Form 19.0) using full legal names, no initials and pays court costs.
2. Petitioner provides:
 - * Documentation of Relationship.
 - * Consent of Adult Adoptee (Form 18.3)
 - * ODH Vital Statistics, Certificate of Adoption (Form HEA 2757) filled out as of the date of birth of Adult Adoptee with original or certified copy of Adult Adoptee's birth certificate.

FINAL HEARING

1. Petitioner and Adult Adoptee must appear.
2. Court provides:
 - * Notice of Final Hearing (Form 20.11 A)
 - * Adoption Certificate for Parents (Form 18.8)
 - * Final Decree of Adoption of Adult (Form 19.1)
3. Court forwards documents to State Bureau of Vital Statistics for new birth certificate.

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

IN THE MATTER OF THE ADOPTION OF:

(Name after Adoption)

CASE NO. _____

PETITION FOR ADULT ADOPTION

The undersigned respectfully petitions the court for permission to adopt _____ an adult and to have the adult's name changed to _____.

Petitioner says he/she may adopt the adult because the adult

- is totally and permanently disabled.
- is determined to be a mentally retarded person.
- had established a child-foster caregiver, kinship caregiver, or child-stepparent relationship with the petitioner as a minor, and the adult consents to the adoption.
- the adult was, at the time of the adult's eighteenth birthday, in the permanent custody of or in a planned permanent living arrangement with a public children services agency or a private child placing agency, and the adult consents to the adoption.
- the adult is the child of the spouse of the petitioner, and the adult consents to the adoption.

Attorney for Petitioner

Petitioner

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number (include area code)

Phone Number (include area code)

Attorney Registration Number

ENTRY

This cause is set for hearing on the ___ day of _____, 20__ at _____ o'clock ____ m.

Judge Jack R. Puffenberger

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

IN THE MATTER OF THE ADOPTION OF

(Name after adoption)

CASE NO. _____

CONSENT TO ADOPTION

[R.C. 3107.06, 3107.08 & 3107.081]

The undersigned _____

[check one of the following seven capacities by which your consent is given]

- Mother
- Father
- Putative father who has registered under R.C. 3107.062 (for a minor born on or after January 1, 1977)
- Putative father (for a minor born before January 1, 1997)
- Agency having permanent custody
- Minor, who is more than twelve years of age (this consent must be executed in the presence of the Court)
- Other _____

hereby waives notice of the hearing on the Petition for Adoption to be filed in the Court, and consents to the adoption of _____
as proposed in the petition. (Name before adoption)

The undersigned further states that this consent is voluntarily executed irrespective of disclosure of the name or other identification of the prospective adopting parents.

Sworn to before me and signed in my presence this ____ day of _____ 20 __.

Person authorized pursuant to R.C. Chapter 3107
To take this acknowledgement

Title

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 BEFORE Adoption	2 Date of Birth (Month, Day, Year)	3 Sex	4 Place of Birth (City, County, State or Foreign Country)

CHILD'S NAME AFTER ADOPTION		
First Name	Middle Name	Last Name

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.

Father – Check One <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive	Mother – Check One <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive	
Father's First Name	Mother's Current First Name	
Father's Middle Name	Mother's Current Middle Name	
Father's Last Name	Mother's Current Last Name	
Date of Birth (Month, Day, Year)	Mother's Maiden Name (Last Name Prior to First Marriage)	
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)

Other Required Information (From the Original Birth Certificate)	Foreign Adoptions Only (Information from Original Birth Record)
Attendant's Name (M.D., D.O., C.N.M., Other Midwife)	Time of Birth
Mailing Address (Number Street, City, County, State, Zip Code)	Hospital/Birthing Facility
Registrar's Name	Registrar's Name & Date Filed by Registrar (Month, Day, Year)
Date Filed by Registrar (Month, Day, Year)	Attendant's Name (M.D., D.O., C.N.M., Other Midwife) & Date Signed

Parent(s) Current Mailing Address	Street	City or Village	State	Zip Code
Attorney's Name and Address	Street	City or Village	State	Zip Code

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 _____