

ADULT ADOPTION

PURSUANT TO LUCAS CO. LOCAL RULE 57.1 (F)

EVERY FILING SHALL BE TYPEWRITTEN OR COMPUTER GENERATED. THE COURT MAY REFUSE ALL FILINGS NOT SO PREPARED OR CERTIFIED. NO PLEADINGS SHALL BE FILED SIGNED IN PENCIL.

I. PETITION FOR ADOPTION

A. Attorney provides:

- * Petition for Adult Adoption (Form 19.0) using full legal names, **no initials** and pays court costs
- * Documentation of relationship.
- * Consent of Adult Adoptee (Form 18.3)
- * If step parent is adopting, then Consent to Adoption (Form 18.3) signed by spouse/biological parent is also requested.
- * ODH Vital Statistics, Certificate of Adoption (Form HEA 2757) filled out as of date of birth of Adult Adoptee.
- * Original or certified copy of the birth certificate of Adult Adoptee
- * Release of Record Check signed by Adult Adoptee

II. FINAL HEARING

A. Petitioner and Adult Adoptee must appear.

B. Court Provides:

- * Notice of Final Hearing (Form 20.11A)
- * Adoption Certificate for Adult (Form 18.8A)
- * Final Decree of Adoption of Adult (Form 19.1)

C. Court forwards documents to State BVS for new birth certificate.

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 FOR ADOPTION OF ADULT
[R.C. 3107.02]**

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

The Petitioner may adopt because the adult:

- is totally and permanently disabled.
- is determined to be a person with a developmental disability under R.C. 5123.01.
- had established a child-foster caregiver, kinship caregiver, or child-stepparent relationship with the petitioner as a minor.
- 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
- is the child of the spouse of the petitioner.

The undersigned states that:

- neither parent of the adult is obligated to pay child support or cash medical support for the adult adoptee.
- one or more of the adult's parents is obligated to pay child support or cash medical support for the adult adoptee through the _____ County Child Support Enforcement Agency.

Attorney for Petitioner

Petitioner

Typed or Printed Name

Typed or Printed Name

Address

Petitioner

City State Zip Code

Typed or Printed Name

Telephone Number (include area code)

Address

Email Address

City State Zip Code

Attorney Registration No.

Telephone Number (include area code)

Email address

CASE NO. _____

ENTRY

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

PROBATE JUDGE

**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
- Parent
- Putative father who has registered under R.C. 3107.062
- 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 _____

(Name before adoption)

as proposed in the petition.

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)
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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 _____

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

ADOPTION OF _____,

CASE NO. _____

By my signature below, I hereby authorize the release of any and all records or information that your agency may have pertaining to me to the Probate Court of Lucas County, Ohio.

I further understand that my social security number, driver's license number and birthday listed on the attached sheet shall be used for conducting the record check and upon the conclusion of the record check that the attached sheet containing my social security number, driver license number and birth date shall be destroyed.

Date

Signature

Typed Name

CONCLUSION OF RECORD CHECK

Records checked and found to be in order.

Records checked and found not to be in order.

Record Check Information Sheet destroyed.

Record Check Information Sheet returned to attorney.

Date

Deputy Clerk

I, _____, Attorney at law hereby certify, that the within instrument was prepared and/or examined by me, and that the same, in my opinion, is correct and proper.

Attorney Ohio Supreme Court Number

RECORD CHECK
INFORMATION SHEET

Name: _____

Address:

Date of Birth: _____

Social Security Number: _____

Driver License Number: _____