

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: _____

This Record Check Information Sheet will be destroyed upon receipt of the criminal background check.