

# **ADULT ADOPTION**

## **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 applicable
- \* 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.**

**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 an intellectual disability.

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

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

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

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

Attorney Registration No. \_\_\_\_\_

**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
- 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 <b>BEFORE</b> 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.

Choose One: Mother Father Parent	Gender: Female Male	Choose One: Mother Father Parent	Gender: Female Male
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)

**Other Required Information (From the Original Birth Certificate)**

**Foreign Adoptions Only (from the Original Birth Certificate)**

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 \_\_\_\_\_

**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: \_\_\_\_\_