

## **INTERNATIONAL RE-ADOPTIONS**

### **I. PETITION OF FOREIGN ADOPTION**

A. Attorney provides:

\*Petition of Foreign Adoption (Form ADPFA) using full legal names, no initials and pays court costs.

\*Original and 2 copies of Birth Certificate and Final Decree of Adoption from foreign country, with translation and certification of translation. Originals will be returned

\*ODH Vital Statistics Certificate of Adoption (Form HEA 2757)

### **II. FINAL HEARING**

A. Petitioners and child must appear.

B. Court provides:

\*Notice of Final hearing (Form 20.11A)

\* Adoption Certificate for Parents (Form 18.8)

\* Final Decree of Foreign Adoption (Form ADJEOFA)

C. Court forwards documents to State Bureau of Vital Statistics for Ohio birth record.

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

IN THE MATTER OF THE ADOPTION OF:

\_\_\_\_\_  
(Name after Adoption)

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

**PETITION OF FOREIGN ADOPTION**

(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.**

A Foreign Decree or Certificate of Adoption in compliance with the laws of the country of \_\_\_\_\_ was issued by (Name of Court): \_\_\_\_\_  
In Case Number \_\_\_\_\_ on the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

**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.**

Attached is a fully completed Ohio Department of Health, Division of Vital Statistics, Certificate of Adoption Form HEA 2757.

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):

- A Final or Interlocutory Order of Adoption
- An Order that the child's name 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).

\_\_\_\_\_  
Attorney for Petitioner(s)

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed name

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_

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)
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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: 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 \_\_\_\_\_