

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 (will be returned) and 2 copies of Birth Certificate and Final Decree of Adoption from foreign country, with translation and certification of translation, along with child's green card or certification of citizenship
 - * 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 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: 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 _____