PIKE COUNTY PROBATE COURT www.pikecountypjcourt.com

FILING INSTRUCTIONS FOR THE FILING OF AN ADULT ADOPTION

In addition to the standard probate forms necessary to file a Petition for Adoption of an Adult, the following must also be provided at the time of filing:

- Filing fees of \$116.00
- Certified copy of birth certificate (photocopy not sufficient)

Please note: The consent form (18.3) must also be executed by the adult adoptee.

STATEMENT OF ADOPTED PERSON

CASE N	NO.	
CHILD	'S NAME AFTER ADOPTION	:
THE C	CHILD NAMED IN THIS ADOPTION IS:	
	A minor who became available or potentially available for adoption on or before September 18, 1996 and at least operents consented to the adoption or a probate court entered a finding that the biological parent(s) signature was no O.R.C. 3107.45	ne of the biological t needed.
	A minor who became available for adoption after September 18, 1996 (O.R.C. 3107.45)	
	EXCLUSIONS FOR ODHS 1693 DISCLOSURE	i
	Foreign adoption finalized in another county and re-finalized in Ohio.	
	Foreign adoption finalized in Ohio only.	•
	Step-parent adoption.	
	Involuntary surrender/court commitment.	
	Other (please specify).	
		:

PROBATE COURT OF	COUNTY, OHIO
	, JUDGE
IN THE MATTER OF THE ADOPTION OF	
CASE NO	(Name after adoption)
•	DOPTION OF ADULT 3107.02]
The undersigned respectfully petitions the court for permi	ssion 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 dev	elopmental disability under R.C. 5123.01.
☐ had established a child-foster caregiver petitioner as a minor.	, kinship caregiver, or child-stepparent relationship with the
was, at the time of the adult's eighteent permanent living arrangement with a pu agency	h birthday, in the permanent custody of or in a planned ublic children services agency or a private child placing
is the child of the spouse of the petitione	er.
\square one or more of the adult's parents is obligated to	ild support or cash medical support for the adult adoptee. p pay child support or cash medical support for the adult 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

	· E	NTRY				l
	This cause is set for hearing on the	_ day of		· · · · · · · · · · · · · · · · · · ·		_, 20
at	o'clockm.					
			PROBATE JUDGE			

CASE NO.

PROBATE COURT OF	COUNTY, OHIO
IN THE MATTER OF THE ADOPTION OF	
CASE NO	(Name after adoption)
CONSENT TO AD [R.C. 3107.06, 3107.08 8	
The undersigned	
[check one of the following seven capacities b	
in the presence of the Court) □ Other hereby waives notice of the hearing on the Petition F	rs of age (this consent must be executed or Adoption to be filed in the court, and
consents to the adoption of	
as proposed in the petition.	adoption)
The undersigned further states that this consent is vo	
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

PROBATE COURT OF	COUNTY, OHIO
IN THE MATTER OF THE ADOPTION OF	
CASE NO	(Name after adoption)
FINAL ORDER OF ADOR	PTION OF ADULT
This day this cause came on to be heard on the petition	
to adopt	
an adult, and on the evidence.	
On consideration thereof the Court finds (R.C. 3107.02(B))
and that the adoption should be granted.	
It is ordered that the name of the adopted adult be chan	ged to
	
It is therefore further ordered by a final decree of adoption	on be, and the same hereby is entered herein.
It is further ordered that at that time a Certificate of Adop	otion, certified by the Court, be forwarded to the
State Department of Health, Division of Vital Statistics at	
Further, that a copy of this decree be forwarded to the Ohio Stat	e Department of Human Services for Statistical
purposes.	
	•
	1
Date PROB	ATE JUDGE

19.1 - FINAL ORDER OF ADOPTION OF ADULT

PROBATE COURT OF PIKE COUNTY, OHIO

IN THE MATTER OF THE ADOPTION	N OF	
CASE NO.	(Name after adoption)	
OAOL NO.		i
ADOPTION CER	RTIFICATE FOR PARENTS	
	n pending in this Court, on a petition fi	
to adopt		
an adult, satisfactory evidence was sul	bmitted to prove, and the Court found,	that the
adult was born on theday of,a		
		1
and that all necessary proceedings rela	ative to an adoption were complied wit	h, and the
Court on theday of	, 2, decreed th	at the adult
is legally adopted by		· · · · · · · · · · · · · · · · · · ·
and the adult's name is changed to		
in the records of the Court.		i
		•
	WITNESS my signature and seal of	said Court,
	this day of	, 20
*		1
	Probate Judge	
,	By:	
	Deputy Oletik	1

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	1	,
Envelope #		
AFS #		

CHILD'S PERSONAL DATA						
1 Name of Child BEFORE Adoption 2 Date of Birth (Month, I		, Day, Year)	3 Sex	4 Place of Birt	h (City, County, State or F	oreign Country)
			<u> </u>	 		
First Name	Child's Nam		doption			-
rischame	·	Name			Last Name	
	ADOPTIVE PARENT	(C), DEDC	TAIAI DAT		i	
The following information provided	below will be used to create the	he new birth	record. List in	A nformation as	it existed on child's da	ate of birth.
Choose One	Relation to Child		Choose On	e	Relation to	
Mother Father Parent	Adoptive Natural	Moti	her Father	Parent ——	Adoptive	Natural
Current First Name		Current Fi	irst Name			
					<u> </u>	
Current Middle Name		Current N	liddle Name			
Current Last Name		Current La	est Name		<u> </u>	
		- Carrent L	Joe Hume			
Last Name Prior to First Marriage	·	Last Name	e Prior to First N	Marriage		
Date of Birth (Month, Day, Year) Birth	Place (State or Foreign Country)	Date of B	irth (Month, Da	y, Year)	Birth Place (State or Fo	reign Country)
					.	
Parent(s) Residence at Time of Child's Birth (Number and Street)					
City County	State		Zip Code	<u> </u>	Inside City Li	mits (Yes or No)
	5		zip code		inside City Li	inits (res or No)
	reign Adoptions Only (Infor	mation from	m Original B	irth 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 N	/lidwife) & Date Signed				: 	
					1	
Certification						
Probate Court, County, Ohio						
I hereby certify that the child named above was adopted on(Date)						
by (Name(s) of Petitioner(s))					(±1,000,00/s.))	
as set forth in the final decree of adoption, Case No.,						
Date			Probate	Judge		
			Deputy	Clerk		·