

**STATEMENT OF ADOPTED PERSON**

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

CHILD'S NAME AFTER ADOPTION \_\_\_\_\_

**THE 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 one of the biological parents consented to the adoption or a probate court entered a finding that the biological parent(s) signature was not needed. O.R.C. 3107.45
- A minor who became available for adoption after September 18, 1996 (O.R.C. 3107.45)

**EXCLUSIONS FOR ODHS 1693 DISCLOSURE**

- 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 \_\_\_\_\_  
(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.

\_\_\_\_\_  
PROBATE JUDGE

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

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

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

(Name after adoption)

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

## FINAL ORDER OF ADOPTION OF ADULT

This day this cause came on to be heard on the petition of \_\_\_\_\_

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 changed to \_\_\_\_\_

It is therefore further ordered by a final decree of adoption be, and the same hereby is entered herein.

It is further ordered that at that time a Certificate of Adoption, 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 State Department of Human Services for Statistical purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
PROBATE JUDGE

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

(Name after adoption)

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

**ADOPTION CERTIFICATE FOR PARENTS**

This is to certify, that in an action pending in this Court, on a petition filed by \_\_\_\_\_  
to adopt \_\_\_\_\_  
a minor, satisfactory evidence was submitted to prove, and the Court found, that the minor was born  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
and that all necessary proceedings relative to an adoption were complied with; and the Court on  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, decreed that the minor is legally  
adopted by \_\_\_\_\_  
and the minor's name is changed to \_\_\_\_\_  
in the records of the Court.

WITNESS my signature and seal of said Court,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

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: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Choose One: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> 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 \_\_\_\_\_