

ADULT ADOPTION

FEE: \$151.00

Cost of new birth certificate \$21.50

Complete the petition for the adoption of an adult, the consent and also the Certificate of Adoption for Vital Statistics (new birth certificate). We also require a CERTIFIED copy of the original birth certificate and the consent **MUST BE NOTARIZED**.

Petitioner(s) and the adult to be adopted **MUST** be here on the day of the hearing.

If you have questions regarding our procedure, call Christine at 440-350-2229. If you have any legal questions or need help filing out the forms, you will need to hire an attorney.

Probate Court of Lake County, Ohio

ADOPTION OF _____
(Name after adoption)

CASE NUMBER _____

PETITION FOR ADOPTION OF ADULT

The undersigned respectfully petitions the court for permission to adopt _____ an adult and to have the adult's name changed to _____.

Petitioner says he/she may adopt the adult because the adult

is totally and permanently disabled.

is determined to be a mentally retarded person.

had establish a child-foster parent or child-stepparent relationship with the petitioner as a minor.

Attorney for Applicant

Petitioner

Signature of Attorney

Signature of Petitioner

Address

Address

City, State, Zip Code

City, State, Zip Code

Phone Number (include area code)

Phone Number (include area code)

**MARK J. BARTOLOTTA, JUDGE
PROBATE COURT OF LAKE COUNTY, OHIO**

ADOPTION OF _____

CASE NUMBER _____

CONSENT TO ADOPTION

The undersigned _____

[check one of the following seven capacities by which your consent is given]

- Mother
- Father
- Putative father who has registered under R.C. 3107.062 (for a minor born on or after January 1, 1997)
- Putative father (for a minor born before January 1, 1997)
- 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 _____ 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 _____, 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 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: <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 Middle Name	Current Middle Name	Current Last Name	Current Last 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, LAKE 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 _____