

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.

MARK J. BARTOLOTTA, JUDGE

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____
(Name after Adoption)

Case No. _____ Docket _____ Page _____

PETITION FOR ADOPTION OF ADULT

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

Petitioner says he may adopt the adult because the adult

- ☐ is totally and permanently disabled.
- ☐ is determined to be a mentally retarded person.
- ☐ had established a child-foster parent or child-stepparent relationship with the petitioner as a
minor

Attorney for Applicant

Petitioner

Typed or Printed Address

Typed or Printed Address

Address

Address

Phone Number (include area code)

Phone Number (include area code)

Entry

This cause is set for hearing on the _____ day of _____ 20____ at _____
o'clock _____. m.

Prepared by
Attorney's Name _____
Address _____
Phone No. _____

Probate Judge

**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)

Child's Name After Adoption

First Name

Middle Name

Last Name

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, 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 _____