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

ADOPTION OF_____

(Name after adoption)

CASE NO. _____

PETITION TO RECOGNIZE FOREIGN ADOPTION

[R.C. 3107.18)

[Check applicable boxes, complete 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 and Place of Marriage:

ADOPTED CHILD

Name of Child before Adoption:

Name of Child after Adoption:

Date and 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 complian	ce with the laws of the Country of	was
issued by (Name of Court)		in Case Number	on the
day of	, 20		

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.

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):

An Order that the child's name shall be changed to):
An order to the Ohio Department of Health to issue 3705.12(A)(1)	e a new birth record for the adopted person under R.C.
Other	
Attorney for Petitioner	Petitioner
Typed or Printed Name	Typed or Printed Name
Street Address	Petitioner
City State Zip Code	Typed or Printed Name
Telephone Number (include area code)	Street Address
Attorney Registration No	City State Zip Code
	Telephone Number (include area code)

FORM 19.2 – PETITION TO RECOGNIZE FOREIGN ADOPTION PAGE 2

PROBATE	E COURT OF
INODAIL	

COUNTY, OHIO

____, JUDGE

ADOPTION OF_____

(Name after adoption)

CASE NO. _____

ORDER FOR OHIO BIRTH RECORD FOR FOREIGN BORN CHILD

This matter came on to be heard on the _	day of	, 20, upon the Petition to
Recognize Foreign Adoption filed by		

The Court finds the petitioner(s) has/have complied with the requirements of R.C. 3107.18 and giving effect to the Decree or Certificate of Adoption that was issued under the laws of a foreign country would not violate the public policy of the State of Ohio.

It is therefore **ORDERED** that:

A Final Decree recognizing the Foreign Decree of Certificate of Adoption is entered, herein;

An Interlocutory Decree recognizing the Foreign Decree or Certificate of Adoption is entered herein which, unless vacated, shall become final on

The child's name shall be changed from:

to

The Ohio Department of Health shall issue a new birth record for the child pursuant to R.C. 3705.12(A)(1).

Other

Date

JUDGE

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	Day, Year)	3. Sex	4.PI	ace of B	irth (City,	, County, Sta	te or Forei	ign Country)			
		Child	's Name	After Adop	otion						
First Name			Middle Nar						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			Parent	Gender:	Female	
Current First Name	I			Current First N	Name						
Current Middle Name				Current Middle Name							
Current Last Name				Current Last Name							
Last Name Prior to First Marriage				Last Name Pri	or to First I	Marria	age				
Date of Birth (Month, Day, Year)	Birth Place	e (State or Foreign	Country)	Date of Birth ((Month, Da	ay, Yea	ar)	Birtl	h Place (Stat	e or Foreig	n Country)
Parent(s) Residence at Time of Child's I	Birth (Numb	per and Street)		I							
City Coun	ty	St	ate	Zip Code Inside City Limits (Yes or No)							
Other Required Information (F	rom the	Original Birth (Certificate)	Foreign Add	options (Only	(from	the Ori	iginal Birtl	n Certific	ate)
	Attendant's Name (M.D, D.O, C.N.M, Other Midwife)		Time of BIrth								
Mailing Address (Number, Street, City,	County, Sta	ate, 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 Vil	lage				State		Zip Code
Attorney's Name and Address		Street		City or Vil	lage				State		Zip Code
CERTIFICATION											
Probate Court,					County,	Ohio					
I hereby certify that the child named above was adopted on								Date)			
by								(Name(s) c	f Petitio	ner(s))
as set forth in the final decree of	of adoption	on, Case No.,									
Date					Probate	e Jud	ge				
Deputy Clerk											