

## INSTRUCTIONS FOR AN ADULT ADOPTION

### ALL FORMS MUST BE TYPEWRITTEN

These instructions are being provided as a public service of the Butler County Probate Court, and are intended as a guideline only. Depending on the circumstances of each case, additional steps may be required that are not listed below.

Please review the Adult Adoption packet, the clerks are not attorneys and therefore cannot answer legal questions or assist you in completing the forms or deciding which forms apply to your situation.

**The documents that you file *must* be typewritten, legible AND completed in their entirety.** (Forms on our web site may be filled in prior to printing). Illegible or incomplete documents may be refused for filing, or if filed could result in your application being denied, delayed or dismissed.

**A deposit of \$180.00 is required at the time of filing.** Additional may be required at the final hearing. Please confirm the amount with a clerk since filing fees may have changed subsequent to the publication of this instruction sheet. This fee must be paid in cash, check or money order. After the Petition is filed, your filing fees ***may not*** be refunded.

In order to petition the court for an adult adoption, you must meet one of the following conditions:

1. If the adult is totally or permanently disabled;
2. If the adult is determined to be a person with an intellectual disability;
3. If the adult has established a child-foster caregiver, kinship caregiver, or a child-stepparent relationship with the petitioners as a minor, and the adult consent to the adoption;
4. If the adult was, at the time of the adult's eighteenth (18) 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, and the adult consent to the adoption; or
5. If the adult is the child of the spouse of the petitioner, and the adult consents to the adoption.

**PLEASE NOTE THERE IS ONLY ONE COPY OF EACH FORM IN THE PACKET, IF ADDITIONAL FORMS ARE NEEDED PLEASE REFER TO THE INDIVIDUAL LIST OF FORMS ON THIS WEBSITE.**

### AT THE TIME OF INITIAL FILING

1. Petition for Adoption of Adult - Form 19.0
2. Consent to Adoption - Form 18.3
3. Certified Copy of Proposed Adoptee's Birth Certificate
4. \$180.00 cash, check, or money order only (no credit cards)

### AT THE TIME OF THE HEARING

1. Final Order of Adoption - Form 19.1
2. Ohio Department of Health Certificate of Adoption - Form HEA 2757
3. Application for Certified Copies of New Birth Certificate - Form HEA 2709

Forms necessary for an Adult Adoption, may be obtained by, downloading the forms from our web site at [www.butlercountyprobatecourt.org](http://www.butlercountyprobatecourt.org).

**LEGAL PRACTICE IN THE PROBATE COURT IS RESTRICTED BY LAW TO ATTORNEYS WHO ARE LICENSED BY THE SUPREME COURT OF OHIO. IF AN INDIVIDUAL WISHES TO HANDLE HIS OR HER OWN CASE, THAT PERSON MAY ATTEMPT TO DO SO, HOWEVER DUE TO THE COMPLEXITY OF THE LAW AND DESIRE TO AVOID COSTLY ERRORS, MOST INDIVIDUALS WHO HAVE MATTERS BEFORE THE COURT ARE REPRESENTED BY AN ATTORNEY.**

**IF YOU CHOOSE TO REPRESENT YOURSELF AND USE THE COURT'S FORMS, PLEASE BE ADVISED THAT STATE LAW PROHIBITS THE JUDGE, MAGISTRATE AND EMPLOYEES OF BUTLER COUNTY PROBATE COURT FROM PROVIDING YOU WITH LEGAL ADVICE OR ASSISTING YOU IN THE SELECTION OR PREPARATION OF LEGAL FORMS. IF YOU NEED ADDITIONAL ASSISTANCE YOU WILL NEED TO CONTACT AN ATTORNEY OF YOUR CHOOSING.**

# PROBATE COURT OF BUTLER COUNTY, OHIO

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 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 \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ o'clock

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

# PROBATE COURT OF BUTLER 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 \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Person authorized pursuant to R.C.  
Chapter 3107 to take this  
acknowledgment

\_\_\_\_\_  
Title

**PROBATE COURT OF BUTLER 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 that 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

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)
<b>Child's Name After Adoption</b>			
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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Choose One: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Gender: <input type="checkbox"/> Female <input 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)			

<b>Other Required Information (From the Original Birth Certificate)</b>	<b>Foreign Adoptions Only (from the Original Birth Certificate)</b>
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, Butler 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 \_\_\_\_\_

# Ohio Department of Health • Vital Statistics

## Application For Certified Copies

### CERTIFICATE REQUESTED

<input type="checkbox"/> <b>Birth Certificate</b> \$21.50 per certified copy	<input type="checkbox"/> <b>Paternity Affidavit</b> \$7.00 per certified copy
<input type="checkbox"/> <b>Death Certificate</b> \$21.50 per certified copy	<input type="checkbox"/> <b>Stillbirth Abstract</b> (No Cause of Death) Free to birth parents <input type="checkbox"/> <b>Fetal Death Certificate</b> (Cause of Death shown) \$21.50 per certified copy

#### Mailing Address

Send completed application with required fee to:

Ohio Department of Health  
 Vital Statistics  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098  
 (614) 466-2531

### RECORD INFORMATION (Information about the person on the requested record)

Full Name (for birth, indicate child's full name as shown on the original birth record):		If Name was Changed Since Birth, Indicate New Name:	
Date of Birth:	Date of Death:	City and County Where Event Occurred:	
<input checked="" type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:	<input type="radio"/> Mother <input checked="" type="radio"/> Father <input type="radio"/> Parent	Name Before First Marriage:

### CHARGES Please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO"

<b>Birth:</b>	Please indicate if you are requesting the certificate for any of the following purposes: <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business	Number of birth record copies: _____ x \$21.50 = \$ _____
<b>Death:</b>	<input checked="" type="radio"/> <b>No</b> , I do not need the Social Security Number included. <input type="radio"/> <b>Yes</b> , I request a copy with the SSN included. You must attach a copy of your identification showing you are an authorized requestor (see instructions page for complete listing of authorized requestors).	Number of death record copies: _____ x \$21.50 = \$ _____
<b>Acknowledgment of Paternity (AOP):</b>	<b>Central Paternity Registry 6-digit Number</b> (please call the Central Paternity Registry at (888) 810-6446 if you do not have this number):	Number of AOP copies: _____ x \$7.00 = \$ _____
<b>Fetal Death or Stillbirth:</b>	Did the stillbirth event occur at 20 weeks or less gestation? <input checked="" type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b> <i>(This information will help us determine how the record has been filed)</i>	Number of stillbirth abstract certificates: _____ <i>(Free to birth parents)</i> Number of fetal death record copies: _____ x \$21.50 = \$ _____
<b>Total Amount Due:</b> Refunds will be issued only for orders where a certified document cannot be issued. Overpayment of \$2.00 or less will not be refunded.		\$ _____

### APPLICANT INFORMATION (Information about the person requesting the record)

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Applicant Name:	Email:
Street Address:	Phone Number:
City, State, & ZIP:	Signature of Applicant: