

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: _____

CASE NO. _____

APPLICATION ADDENDUM

[TO BE COMPLETED WITH APPLICATION]

Please check the applicable box:

This is the original contact information for this case.

This is amended contact information for this case. Only the information that has changed is shown on this form. All other information remains the same as shown on the original contact information form.

Attorney for Petitioner(s) _____

Street Address _____

City, State, and Zip Code _____

Telephone Number _____

Fax Number _____

Email Address _____

Attorney's Registration No. _____

Petitioner Name _____

Street Address _____

City, State, and Zip Code _____

Telephone Number _____

Email Address _____

Second Petitioner's Name _____

Street Address _____

City, State, and Zip Code _____

Telephone Number _____

Email Address _____

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF: _____

CASE NO. _____

SELF-REPRESENTATION ACKNOWLEDGMENT

I acknowledge that I have read, understand and agree with all of the following statements:

1. The Court strongly recommends that I hire an attorney to represent me in this case. Contrary to the Court's recommendation, I have chosen to proceed with this case without the assistance of an attorney.
2. I have the time, knowledge, and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
3. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including without limitation determining what forms I am required to file and how to complete those forms.
4. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information available on the Court's website, www.butlercountyprobatecourt.org
5. I am responsible for understanding and correctly applying those portions of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Butler County Probate Court Local Rules of Practice, and all other rules, regulations, policies and procedures, and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and personas represented by attorneys in similar probate proceedings.
7. If I do not fulfill my responsibilities in this case properly and in a timely manner I will be subject to the compliance policies in the Butler County Probate Court Local Rules.
8. I have a duty to act fairly, honestly, impartially and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
9. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.
10. If I violate anything in this Self-Representation Acknowledgment, the Court may terminate my authority to proceed further with this case, or may require that I must be represented by an attorney to continue with this case.

Fiduciary/Applicant/Guardian

Typed Printed Name

Address

City/State/Zip

Telephone Number (include area code)

Email Address

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 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, _____ 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"/> Birth Certificate \$21.50 per certified copy	<input type="checkbox"/> Paternity Affidavit \$7.00 per certified copy
<input type="checkbox"/> Death Certificate \$21.50 per certified copy	<input type="checkbox"/> Stillbirth Abstract (No Cause of Death) Free to birth parents <input type="checkbox"/> Fetal Death Certificate (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 <i>(for birth, indicate child's full name as shown on the original birth record)</i> :		If Name was Changed Since Birth, Indicate New Name:	
Date of Birth:	Date of Death:	City and County Where Event Occurred:	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	Name Before First Marriage:

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

Birth:	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 = \$ _____
Death:	<input type="checkbox"/> No , I do not need the Social Security Number included. <input type="checkbox"/> Yes , 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 = \$ _____
Acknowledgment of Paternity (AOP):	Central Paternity Registry 6-digit Number <i>(please call the Central Paternity Registry at (888) 810-6446 if you do not have this number):</i>	Number of AOP copies: _____ x \$7.00 = \$ _____
Fetal Death or Stillbirth:	Did the stillbirth event occur at 20 weeks or less gestation? <input type="checkbox"/> Yes <input type="checkbox"/> No <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 = \$ _____
Total Amount Due: 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: