

# BUTLER COUNTY PROBATE COURT

## ADOPTION PETITION FILING REQUIREMENTS

**\*\*\* ALL FORMS MUST BE TYPEWRITTEN \*\*\***

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

### **AT THE TIME OF INITIAL FILING**

1. Petition - 18.0
2. Authorization Forms (one per Petitioner) - BC 324
3. Consent of custodial birth parent - 18.3
4. If possible, consent of the non-custodial birth parent - 18.3
5. Preliminary Estimate Accounting - 18.9
6. If putative father exists for minor born after 1-1-97 - Form JFS - 01697 (obtain from Ohio Department of Job & Family Services)
7. Certified copy of minor's birth certificate
8. Custody Affidavit - BC 308
9. Application For Appointment of Assessor - BC 318
10. Judgement Entry Appointing Assessor - BC 319
11. Entry Ordering Independent Home Study - BC 322 (except for stepparent or grandparent adoptions)
12. All forms must then be dropped off in the Probate Court. **At the time of filing, a deposit of \$150.00 is required.** Please confirm the amount with the clerk since filing fees may have changed subsequent to the date of this instruction sheet. This fee must be paid in cash, check or money order. Additional costs will be required at final hearing.

### **PRIOR TO HEARING**

1. B.C.I.I. or F.B.I. fingerprint cards
2. Final Petitioner's Accounting - 18.9 (filed at least 10 days prior to the hearing).
3. Home Study - JFS 01673\* or JFS 01698\* (filed at least 10 days prior to hearing).
4. Prefinalization Form JFS 01699\* (filed at least 20 days prior to the hearing) (If Applicable)
5. If notice by publication to non-custodial birth parent or putative father (minor born prior to 1-1-97), an affidavit of due diligence must be filed prior to the notice being published.
6. If notice by publication, the Affidavit of Proof of Publication
7. Social/Medical Information on birth parents - JFS 01616\* (If Applicable)

### **AT THE TIME OF HEARING**

1. Judgment Entry Finding Consent Not Required - 18.4 (If Applicable)
2. If minor is over age 12, Consent to Adoption - 18.3
3. Final Decree of Adoption - 18.7
4. Adoption Certificate for Parents - 18.8
5. Ohio Department of Health Certificate of Adoption - HEA 2757
6. Receipt for Social Medical History - BC 323 (If Applicable)
7. Application for Certified Copies of New Birth Certificate - HEA 2709

\* Completed by Assessor

**PROBATE COURT OF BUTLER COUNTY, OHIO  
RANDY T. ROGERS, JUDGE**

**ADOPTION OF** \_\_\_\_\_  
(Name after adoption)

**CASE NO.** \_\_\_\_\_

**PETITION FOR ADOPTION OF MINOR**  
[R.C. 3107.05]

The undersigned petitions to adopt \_\_\_\_\_,  
a minor, and to change the name of the minor to \_\_\_\_\_,

**PETITIONER**

The petitioner states the following:

Full Name: \_\_\_\_\_ Age \_\_\_\_\_

Full Name: \_\_\_\_\_ Age \_\_\_\_\_

Place of Residence: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City or Village or Township if unincorporated area County

\_\_\_\_\_  
Post Office State Zip Code Duration of residence

Marital Status: \_\_\_\_\_ Date & Place of Marriage: \_\_\_\_\_

Relationship of Minor to Petitioner: \_\_\_\_\_

The petitioner has facilities and resources suitable to provide for the nurture and care of the minor and it is the desire of the petitioner to establish the relationship of parent and child with the minor.

**MINOR TO BE ADOPTED**

Birth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Property and Value: \_\_\_\_\_

The minor is living in the home of the petitioner, and was placed therein for adoption on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_

The minor is not living in the home of the petitioner, and resides at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The minor will be an adopted person as defined in R.C. 3107.39;

The minor will be an adopted person as defined in R.C. 3107.45;

A certified copy of the birth certificate of the minor is filed with this petition or is not available due to the following:  
\_\_\_\_\_  
\_\_\_\_\_

Preliminary Estimate Accounting (Form 18.9), if required, is filed with this petition.

CASE NO. \_\_\_\_\_

The minor is in the permanent custody of \_\_\_\_\_  
whose address is \_\_\_\_\_

The guardian ad litem during the permanent custody proceedings was \_\_\_\_\_  
whose address is \_\_\_\_\_

The attorney representing the minor during the permanent custody proceedings was \_\_\_\_\_  
whose address is \_\_\_\_\_

**PERSONS OR AGENCIES WHOSE CONSENT TO THE ADOPTION IS REQUIRED**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age, if minor \_\_\_\_\_  
Address: \_\_\_\_\_  Consent filed

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age, if minor \_\_\_\_\_  
Address: \_\_\_\_\_  Consent filed

\_\_\_\_\_, the agency has permanent  
custody of the minor filed under, \_\_\_\_\_, \_\_\_\_\_  Consent filed  
Court - County Case No.

**PERSONS WHOSE CONSENT TO THE ADOPTION IS NOT REQUIRED**

No person has timely registered pursuant to R.C. 3107.062 as a putative father of the minor born on or after January 1, 1997. Attached is Ohio Department of Human Services Form 1697.

**A** The consent of \_\_\_\_\_  
Name Address Relationship

**B** The consent of \_\_\_\_\_  
Name Address Relationship

is/are not required because:

**A**  **B** The parent has failed without justifiable cause to provide more than de minimis contact with the minor for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

The parent has failed without justifiable cause to provide for the maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

State other grounds under R.C. 3107.07 (includes putative father of the minor born before January 1, 1997.)  
\_\_\_\_\_  
\_\_\_\_\_

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Attorney Registration No \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

(Name after adoption)

CASE NO. \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, of \_\_\_\_\_

(Petitioner) (Address)

(address)

do hereby authorize the following Butler County agencies: Adult Protective Services, Job and Family Services and the Sheriff's Department to release all information regarding any child neglect, child abuse, adult abuse, adult neglect or criminal records that I may have with the agencies to the Butler County Probate Court.

I understand that the Butler County Probate Court has requested this information from your agency. I further understand that all information released by your agency will be considered confidential by the Butler County Probate Court.

Date of Birth	
Social Security Number	
Marital Status	
Previous Address	
Maiden Name	
Spouse's Name	
Name of Former Spouse(s)	
Name(s) of Child(ren)	
A.K.A.	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

**TO BE COMPLETED BY EACH AGENCY**

(Please check appropriate space and sign. If a record is located, attach record/information to this form.)

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>	
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\_\_\_\_\_  
Butler County Adult Protective Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>	
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\_\_\_\_\_  
Butler County Job and Family Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>	
----------------	--------------------------	-------------------	--------------------------	--

\_\_\_\_\_  
Butler County Sheriff's Department

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

(Name after adoption)

CASE NO. \_\_\_\_\_

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, of \_\_\_\_\_

(Petitioner) (Address)

(address)

do hereby authorize the following Butler County agencies: Adult Protective Services, Job and Family Services and the Sheriff's Department to release all information regarding any child neglect, child abuse, adult abuse, adult neglect or criminal records that I may have with the agencies to the Butler County Probate Court.

I understand that the Butler County Probate Court has requested this information from your agency. I further understand that all information released by your agency will be considered confidential by the Butler County Probate Court.

Date of Birth	
Social Security Number	
Marital Status	
Previous Address	
Maiden Name	
Spouse's Name	
Name of Former Spouse(s)	
Name(s) of Child(ren)	
A.K.A.	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

TO BE COMPLETED BY EACH AGENCY

(Please check appropriate space and sign. If a record is located, attach record/information to this form.)

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>	
----------------	--------------------------	-------------------	--------------------------	--

\_\_\_\_\_  
Butler County Adult Protective Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>	
----------------	--------------------------	-------------------	--------------------------	--

\_\_\_\_\_  
Butler County Job and Family Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>	
----------------	--------------------------	-------------------	--------------------------	--

\_\_\_\_\_  
Butler County Sheriff's Department

# 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
- 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.  
(Name before adoption)

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.** \_\_\_\_\_

## PETITIONER'S ACCOUNT

[R.C. 3107.10]

**PRELIMINARY ESTIMATE ACCOUNTING**

(To be filed not later than date petition filed)

**FINAL ACCOUNTING**

(To be filed not later than 10 days prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the agency or attorney made and has agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

DATE	NAME AND ADDRESS	DISBURSEMENTS MADE OR AGREED TO BE MADE	ACTUAL COSTS
	PHYSICIAN		
	HOSPITAL/MEDICAL FACILITY		
	ATTORNEY		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY		
	ACTUAL COST TO THE AGENCY		
	MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15		
	FOSTER CARE		
	GUARDIAN AD LITEM		
	COURT COSTS		
	ALL OTHER DISBURSEMENTS		
	TOTAL		



CASE NO. \_\_\_\_\_

**CERTIFICATION OF PETITIONER'S ACCOUNT**

The undersigned certifies this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that this accounting is true and accurate.

\_\_\_\_\_  
Attorney or Agency

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, zip

\_\_\_\_\_  
Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE PLACEMENT OF \_\_\_\_\_

(Current name of child)

CASE NO. \_\_\_\_\_

## AFFIDAVIT

[R.C. 3127.23]

State of Ohio, County of BUTLER s.s.

Affiant being first duly sworn, deposes and says:

1. That the child's present address, the place(s) where the child has lived within the last five years, and the name and present address of each person with whom the child has lived during that period are:
2. That affiant \_\_\_\_\_ participated as a party, witness, or in any other capacity in any proceeding concerning the allocation, between the parents of the same child, of parental rights and responsibilities for the care of the child including any designation of parenting time rights and the designation of the residential parent and legal custodian of the child or that otherwise concerned the custody of or visitation with the same child and, if so, the court, case number and the date of the child custody determination are attached.
3. That affiant \_\_\_\_\_ information of any proceeding that could affect the current proceeding, including proceedings for enforcement of child custody determinations, proceedings relating to domestic violence or protection orders, proceedings to adjudicate the child as an abused, neglected, or dependent child, proceedings seeking termination of parental rights, and adoptions, and, if so, the court, the case number, and the nature of the proceeding are attached.
4. That affiant \_\_\_\_\_ knowledge of any person who is not a party to the proceedings and has physical custody of the child or claims to be a parent of the child who is designated the residential parent and legal custodian of the child or to have parenting time rights with respect to the child or to be a person other than a parent of the child who has custody or visitation rights with respect to the child and, if so, the names and addresses of those persons are attached.
5. That affiant \_\_\_\_\_ been previously convicted of or pleaded guilty to any criminal offense involving any act that resulted in a child being an abused child or a neglected child or previously been determined, in a case in which a child has been adjudicated an abused child or a neglected child, to be the perpetrator of the abusive or neglectful act that was the basis of the adjudication.

If 2, 3, 4 or 5 is answered in the affirmative, and the space afforded is insufficient for full explanation, please attach and incorporate herein any necessary information.

Affiant realizes that (s)he has a continuing duty to inform the Court of any parenting proceeding concerning the child in this or any other state of which affiant obtains information during the pendency of this proceeding.

\_\_\_\_\_  
Signature of Affiant

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

(Name after adoption)

CASE NO. \_\_\_\_\_

## APPLICATION FOR APPOINTMENT OF ASSESSOR

[R.C. 3107.012, 3107.031]

Now comes Petitioner(s) , \_\_\_\_\_ ,  
and request(s) that the Court appoint an assessor to perform the services required to be performed by an  
assessor as set forth in Chapter 3107.

Petitioner(s) request(s) that the Court appoint \_\_\_\_\_  
as the assessor in this case and represents to the Court that said person or agency is duly licensed as an  
assessor in accordance with the requirements of Section 3107.012 of the Revised Code.

Petitioner(s) understand(s) that the cost of the assessor services will be the sole responsibility of the  
Petitioner(s) and will contract directly with the assessor regarding payment for such services, subject to the  
provisions of section 3107.10 of the Revised Code.

\_\_\_\_\_  
Attorney for Petitioner

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number (include area code)

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

(Name after adoption)

CASE NO. \_\_\_\_\_

## JUDGMENT ENTRY APPOINTING ASSESSOR

[R.C. 3107.012, 3107.031]

This matter having come before the Court on the Petitioner(s) Application For Appointment of Assessor and the Court being otherwise fully advised,

IT IS THEREFORE ORDERED that \_\_\_\_\_

be appointed assessor in this case and provide assessor services as required by Chapter 3107 of the Revised Code, and

IT IS FURTHER ORDERED that the cost of the assessor services will be the sole responsibility of the Petitioner(s) and that the Petitioner(s) is/are instructed to contract directly with the assessor regarding payment for such services, subject to the provisions of section 3107.10 of the Revised Code.

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

# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

(Name after adoption)

CASE NO. \_\_\_\_\_

## ENTRY ORDERING INDEPENDENT HOME STUDY

[R.C. 3107.031]

This day this cause came on to be heard upon the application of Petitioner(s), \_\_\_\_\_

\_\_\_\_\_, for an independent home study with  
(Full name of petitioner)

\_\_\_\_\_ for the purpose of ascertaining whether  
(Agency)

Petitioner(s) seeking to adopt the minor is/are suitable to adopt.

The Court hereby orders \_\_\_\_\_ to make an  
(Agency)

independent home study of the proposed placement to be conducted as provided in section 3107.031 of the Revised Code, and to file a written report of the home study with the Court.

The costs of the home study shall be paid by the person seeking to adopt the child.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
(Type or Print Attorney's Name)

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number (Include area code)

**PROBATE COURT OF BUTLER COUNTY, OHIO**  
**RANDY T. ROGERS**

**ADOPTION OF:** \_\_\_\_\_  
(Name after adoption)

**CASE NO.** \_\_\_\_\_

**JUDGMENT ENTRY FINDING CONSENT NOT REQUIRED**  
[R.C. 3107.07]

The Court finds all parties properly before the Court by waiver of notice or by proper service and after hearing the testimony of witnesses, and the evidence, finds that the consent of \_\_\_\_\_  
\_\_\_\_\_ is not required because;

That person is a parent who has failed without justifiable cause to provide more than de minimis contact with the minor for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

That person is a parent who has failed without justifiable cause to provide for the maintenance and support of the minor as required by law or judicial decree for a period of at least one year immediately preceding the filing of the adoption petition or the placement of the minor in the home of the petitioner.

State other grounds under 3107.07 (includes putative father of the minor born prior to January 1, 1997).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is ordered that the consent of the above named person is not required.

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

# PROBATE COURT OF BUTLER COUNTY, OHIO

**IN THE MATTER OF THE ADOPTION OF** \_\_\_\_\_

(Name after adoption)

**CASE NO.** \_\_\_\_\_

## PETITIONER'S ACCOUNT

[R.C. 3107.10]

**PRELIMINARY ESTIMATE ACCOUNTING**

(To be filed not later than date petition filed)

**FINAL ACCOUNTING**

(To be filed not later than 10 days prior to date of final hearing)

This accounting specifies all disbursements of anything of value the petitioner, a person on the petitioner's behalf, and the agency or attorney made and has agreed to make in connection with the minor's permanent surrender under division (B) of Section 5103.15 of the Revised Code, placement under Section 5103.16 of the Revised Code, and adoption under Chapter 3107. (Attach extra sheets if necessary)

DATE	NAME AND ADDRESS	DISBURSEMENTS MADE OR AGREED TO BE MADE	ACTUAL COSTS
	PHYSICIAN		
	HOSPITAL/MEDICAL FACILITY		
	ATTORNEY		
	ACTUAL COST TO THE ATTORNEY		
	AGENCY		
	ACTUAL COST TO THE AGENCY		
	MAINTENANCE AND MEDICAL CARE REQUIRED UNDER R.C. 5103.15		
	FOSTER CARE		
	GUARDIAN AD LITEM		
	COURT COSTS		
	ALL OTHER DISBURSEMENTS		
	TOTAL		

CASE NO. \_\_\_\_\_

**CERTIFICATION OF PETITIONER'S ACCOUNT**

The undersigned certifies this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that this accounting is true and accurate.

\_\_\_\_\_  
Attorney or Agency

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, zip

\_\_\_\_\_  
Telephone Number (include area code)

The petitioner has reviewed this accounting and attests to its accuracy this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner



# PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_

(Name after adoption)

CASE NO. \_\_\_\_\_

## RECEIPT

[3107.09(E)]

The undersigned hereby acknowledges receipt of the Social and Medical History (ODHS 1616) in this matter.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Petitioner

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**IN THE MATTER OF THE ADOPTION OF** \_\_\_\_\_

(Name after adoption)

**CASE NO.** \_\_\_\_\_

**FINAL DECREE OF ADOPTION**

(Without Interlocutory Order)

[R.C. 3107.13, 3107.14 & 3107.19]

This day this matter came on to be heard on the petition of \_\_\_\_\_

\_\_\_\_\_ for the adoption and change of name of the minor being adopted.

The Court finds that notice has been given to all parties; that all consents have been filed or have been found not required; that the allegations in the petition are true; that the minor has been lawfully placed in the home of the petitioner; that the minor has lived in the home of the petitioner for six months as required by law; that a report of the assessor has been filed and is approved; that the adoption is in the best interest of the minor being adopted; that the accountings, as required, have been filed, reviewed and approved, and that the minor is an adopted person as defined in Section  3107.39 or  3107.45 of the Revised Code.

It is therefore ordered that the Petition for Adoption is granted, and that the name of the minor is changed to \_\_\_\_\_.

\_\_\_\_\_  
Date

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

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**IN THE MATTER OF THE ADOPTION OF** \_\_\_\_\_

(Name after adoption)

**CASE NO.** \_\_\_\_\_

**ADOPTION CERTIFICATE FOR PARENTS**

This is to certify, that in an action pending in this Court, on a petition filed by \_\_\_\_\_

to adopt \_\_\_\_\_

a minor, satisfactory evidence was submitted to prove, and the Court found, that the minor was born on the

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ and that all necessary proceedings relative to an

adoption were complied with; and the Court on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, decreed

that the minor is legally adopted by \_\_\_\_\_ & \_\_\_\_\_ and the minor's

name is changed to \_\_\_\_\_ in the records of the Court.

WITNESS my signature and seal of said Court,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

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

By: \_\_\_\_\_  
Deputy Clerk

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)
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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.

<b>Father – Check One</b> <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive	<b>Mother – Check One</b> <input type="checkbox"/> Natural <input type="checkbox"/> Adoptive		
Father's First Name	Mother's Current First Name		
Father's Middle Name	Mother's Current Middle Name		
Father's Last Name	Mother's Current Last Name		
Date of Birth (Month, Day, Year)	Mother's Maiden Name (Last Name Prior to First Marriage)		
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 (Information from Original Birth Record)</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, \_\_\_\_\_ 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 • Office of Vital Statistics

## Application For Certified Copies

**Reason for order**

Driver's License	<input type="checkbox"/>	Passport	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	Genealogy	<input type="checkbox"/>
School	<input type="checkbox"/>	International Use	<input type="checkbox"/>
Marriage License	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Mail-in order**

Send completed application with required fee to:  
 Ohio Department of Health,  
 Vital Statistics  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098  
 (614) 466-2531

<b>This space for office use only</b>
Order Number (AFS)
Service
Certificate Number

**Certificate Requested:** *(What type of certificate is being ordered)*

<b>Birth Certificate</b> \$21.50 per certificate	<input type="checkbox"/>	<b>Heirloom Birth Certificate</b> \$25.00 per commemorative certificate	<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>Fetal Death Certificate</b> \$21.50 per certified copy	<input type="checkbox"/>	<b>Stillbirth Commemorative Abstract</b> Free to birth parents for stillbirth events taking place after September 26, 2003	<input type="checkbox"/>

**Registrant Information:** *(Information about the person on the requested record)*

<b>Full name</b> <i>(for birth, indicate child's full name as shown on original birth record):</i>		<b>Date of birth:</b>	
<b>Place of birth/death</b> <i>(City/County in Ohio):</i>		<b>Date of death:</b>	<b>CPR stamp number</b> <i>(Paternity only):</i>
<b>Full name of father:</b>		<b>Full name of mother</b> <i>(maiden name prior to first marriage):</i>	
<b>Have there been any corrections or legal changes made to the information on this certificate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If name was changed since birth, indicate new name:</b>	<b>Did the stillbirth event occur after 20 weeks or less gestation?</b> <i>(Fetal Death/Stillbirth only)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

<b>Total number of standard copies or abstracts (birth, death, fetal death):</b>	<b>X \$21.50 =</b>	<b>\$</b>
<b>Total number of heirloom commemorative birth certificates:</b>	<b>X \$25.00 =</b>	<b>\$</b>
<b>Total number of paternity affidavits:</b>	<b>X \$7.00 =</b>	<b>\$</b>
Refunds will be issued only for orders where a certified document cannot be issued, and may be subject to search fees. Overpayment of \$2.00 or less will not be refunded.	<b>TOTAL AMOUNT DUE:</b>	<b>\$</b>

**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:	