PROBATE COURT OF GEAUGA COUNTY, OHIO
TIMOTHY J. GRENDELL, 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 compliance with the laws of the Country of _____ was issued by (Name of Court) _____ in Case Number _____ on the _____ day of _____, 20___.

[Reverse of Form 19.2]

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 a new birth record for the adopted person under R.C. 3705.12(A)(1)

☐ Other

_____
Attorney for Petitioner

_____
Typed or Printed Name

_____
Street Address

_____
City State Zip Code

_____
Telephone Number (include area code)

Attorney Registration No._____

_____
Petitioner

_____
Typed or Printed Name

_____
Petitioner

_____
Typed or Printed Name

_____
Street Address

_____
City State Zip Code

_____
Telephone Number (include area code)