

## **Instructions for Adult Adoption**

*All forms must be typewritten (forms on our web site can be filled in before printing)*

These forms are being provided as a public service of the Butler County Probate Court, and are intended as a guideline only, not as a comprehensive list of duties. If you choose to represent yourself and use these forms, please be advised that state law prohibits the staff of Butler County Probate Court from providing legal advice.

**A filing fee of \$107.50 is required at the time of filing.** Additional cost may be required on the date of your hearing. Please confirm the amount with the clerk since filing fees may have changed subsequent to the publication of this instruction sheet. This fee must be paid in cash or check.

**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 for Adoption of Adult - Form 19.0
2. Consent to Adoption - Form 18.3
3. Certified Copy of Proposed Adoptee's Birth Certificate
4. \$107.50 cash or check 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 or coming to the Butler County Courthouse, 2<sup>nd</sup> Floor, Probate Court, 101 High Street, Hamilton, Ohio.

# PROBATE COURT OF BUTLER COUNTY, OHIO

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

(Name after adoption)

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

## PETITION FOR ADOPTION OF ADULT

The undersigned respectfully petitions the court for permission to adopt \_\_\_\_\_

\_\_\_\_\_, an adult and to have the adult's name changed to

\_\_\_\_\_.

Petitioner says he may adopt the adult because the adult

( ) is totally and permanently disabled.

( ) is determined to be a mentally retarded person.

( ) had established a child-foster parent or child-stepparent relationship with the petitioner as a minor.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Petitioner

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

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

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

### ENTRY

This cause is set for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ .m.

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

**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



## Ohio Department of Health • Office of Vital Statistics

# APPLICATION FOR CERTIFIED COPIES

**Walk-in service** (allow 30-60 minutes)  
 (8:00 AM – 5:00 PM, Mon–Fri, closed holidays)  
 Ohio Department of Health  
 Office of Vital Statistics  
 225 Neilston Street  
 Columbus, OH 43215  
 (614) 466-2531

**Mail-in order** (allow 2-4 weeks)  
 Send completed application with required fee to:  
 Ohio Department of Health, Revenue Room  
 246 North High Street, 1<sup>st</sup> floor  
 P.O. Box 15098  
 Columbus, Ohio 43215-0098  
 (614) 466-2531

This space for office use only	
Order (AFS) number	
A	Initial
Volume number	Certificate number

### APPLICANT INFORMATION:

<b>Name of person making request:</b>	First	Middle	Last
<b>Mailing address:</b>	Street address		City
	State	Zip code	Phone number (      )
Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell or furnish to another for the purpose of deception any certificate, record or certified copy of it that relates to the birth of another person, whether living or dead.			<b>Signature of Applicant:</b>

### REGISTRANT INFORMATION: *(information about person whose vital record is being requested)*

<input type="checkbox"/> <b>Birth</b> \$21.50 per certified copy or abstract  <input type="checkbox"/> <b>Stillbirth</b> Free to birth parents for stillbirths after Sept. 26, 2003  <input type="checkbox"/> <b>Paternity Affidavit</b> \$7.00 per certified copy  <input type="checkbox"/> <b>Heirloom Birth</b> \$25.00 per certified abstract	Name at birth <i>(child's full name as shown on birth record)</i> :	Date of birth:
	Place of birth <i>(City/County in Ohio)</i> :	CPR stamp number <i>(Paternity only)</i> :
	Full maiden name of mother <i>(prior to first marriage)</i> :	Full name of father:
	Have there been any corrections or legal changes made to certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If name was changed since birth, indicate new name:

<input type="checkbox"/> <b>Death</b> \$21.50 per certified copy  <input type="checkbox"/> <b>Fetal death</b> \$21.50 per certified copy	Name of deceased:	Date of death:
	Place of death <i>(City/County in Ohio)</i> :	
	Full maiden name of mother <i>(prior to first marriage)</i> :	Full name of father:

**SEARCHES:** If the full legal name or date of event is unknown, the fee to search is \$3.00 per ten-year period. If the request is located and you would like a certified copy of the birth or death record, an additional charge of \$21.50 is required with the order. Searches will take 1 - 2 months to process. Submit this application providing as much identifying information known for the event. If not all information is known, provide as much as possible.

<b>Record Search:</b> \$3.00 per ten year period searched  <input type="checkbox"/> <b>Marriage</b> <input type="checkbox"/> <b>Divorce</b> <input type="checkbox"/> <b>Birth</b> <input type="checkbox"/> <b>Death</b>	Full name of registrant:	For marriage/divorce, specify full name of spouse:
	Date of event:	Place <i>(City/County in Ohio)</i> :
	Specify years to be searched:	

### CHARGES:

Total number of standard copies or abstracts (birth, death, fetal death):		X	\$21.50 =	\$
Total number of heirloom birth certificates:		X	\$25.00 =	\$
Total number of paternity affidavits:		X	\$7.00 =	\$
Total number of searching fees (\$3.00 per ten year period):		X	\$3.00 =	\$
<b>TOTAL AMOUNT DUE:</b>				<b>\$</b>

For mail orders, please include check or money order (do not send cash) made payable to "TREASURER, STATE OF OHIO". Overpayment of \$2.00 or less will not be refunded.