

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, 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: \_\_\_\_\_

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\_\_\_\_\_, as evidenced by:

- IR-3
- IH-3
- Successor Immigrant Visa

Also attached are the other necessary documents:

a certified copy of the child's Birth Certificate, and if not in English, a translation certified as to its accuracy by the translator.

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 a translation certified as to its accuracy by the translator.

a fully completed Ohio Department of Health, Division of Vital Statistics, Certificate of Adoption.

The Petitioner(s) 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

\_\_\_\_\_  
Petitioner

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

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

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

\_\_\_\_\_  
Petitioner

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

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

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

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

\_\_\_\_\_  
Email Address

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

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

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

\_\_\_\_\_  
Email Address