

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSELL, JUDGE**

**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 (s)he may adopt the adult because the adult

- is totally or permanently disabled.
- is determined to be a mentally retarded person.
- has established a child-foster parent, kinship caregiver or child-stepparent relationship with the petitioner as a minor.
- is a child of the spouse of the petitioner.

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

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Petitioner

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

\_\_\_\_\_  
Address

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

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
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**ADOPTION OF** \_\_\_\_\_  
(Name after adoption)  
**CASE NO.** \_\_\_\_\_

**JUDGMENT ENTRY SETTING HEARING**

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

\_\_\_\_\_  
James Cissell, Probate Judge

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
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**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 ordered that a final decree of adoption be, and the same is hereby entered herein.

It is further ordered that at the time a Certificate of Adoption, certified by the Court, be forwarded to the State Department of Health, Division of Vital Statistics at \_\_\_\_\_

It is further ordered that a copy of this decree be forwarded to the Ohio State Department of Human Services for statistical purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
James Cissell, Probate Judge

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSELL, JUDGE**

ADOPTION \_\_\_\_\_

(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 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 \_\_\_\_\_

(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 acknowledgement

\_\_\_\_\_  
Title

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSELL, JUDGE**

**ADOPTION** \_\_\_\_\_

(Name after adoption)

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

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Person authorized pursuant to R.C. Chapter 3107  
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Title

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JAMES CISSELL, JUDGE**

**ADOPTION** \_\_\_\_\_

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Person authorized pursuant to R.C. Chapter 3107  
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Title

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
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ADOPTION OF \_\_\_\_\_

(Name after adoption)

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

**STATEMENT OF ADOPTED PERSON**

THE CHILD NAMED IN THIS ADOPTION IS:

- A minor who became available or potentially available for adoption on or before September 18, 1996 (R.C. 3107.39) and at least one of the biological parent(s) consented to the adoption or a probate court entered a finding the biological parent(s) consent was not necessary.
  
- A minor who became available for adoption after September 18, 1996 (R.C. 3107.45)

**EXCLUSIONS FOR ODHS DISCLOSURE**

- Foreign adoption finalized in another country and re-finalized in Ohio.
- Foreign adoption finalized in Ohio only.
- Step-parent adoption.
- Involuntary surrender/court commitment
- Other (please specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
James Cissell, Probate Judge

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

**PROBATE COURT OF HAMILTON COUNTY, OHIO  
JAMES CISSELL, JUDGE**

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

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

**DECISION OF MAGISTRATE**

TO THE HONORABLE JAMES CISSELL, JUDGE OF THE HAMILTON COUNTY PROBATE COURT:

Pursuant to a prior order filed in Administrative Docket 91008, directing a reference to me to hear and determine according to law matters pertaining to adoptions, I proceeded to hear and examine the evidence in the captioned matter, and respectfully submit the following decision.

This matter came on for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, on the Petition for Adoption and change of name of \_\_\_\_\_, at which time I proceeded to examine the petitioner(s)\_\_\_\_\_

\_\_\_\_\_ the report of investigation, and the entire record; and being fully advised in the premises, I find that lawful notice of the time and place of this hearing has been given to all persons entitled to notice or that notice has been duly waived.

I further find that the evidence supports all of the relevant allegations of the petition and that the petitioner(s), \_\_\_\_\_ is (are) suitable and qualified to care for and rear the child(ren) and that the best interests of the child(ren) will be served by the adoption.

Respectfully submitted,

\_\_\_\_\_  
Magistrate

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 Name of Child <b>AFTER</b> Adoption	
3 Place of Birth (City, County, State or Foreign Country)		4 Date of Birth (Month, Day, Year)	5 Sex

**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 \_\_\_\_\_