

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

**ANTHONY J. RUSSO, Presiding Judge**

**LAURA J. GALLAGHER, Judge**

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

(Name after Adoption)

**CASE NUMBER \_\_\_\_\_**

**ADOPTION APPLICATION COVER PAGE**

**THIS FORM SHOULD BE TYPED**

**Name of Attorney \_\_\_\_\_**

(if applicable)

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

**Attorney Email address \_\_\_\_\_**

**Name of Social Worker \_\_\_\_\_**

**Name of Agency \_\_\_\_\_**

**Name of Agency Contact \_\_\_\_\_**

**Agency Address \_\_\_\_\_**

**City \_\_\_\_\_ State \_\_\_\_\_**

**Zip Code \_\_\_\_\_ Telephone No. \_\_\_\_\_**

**Agency Contact Email address \_\_\_\_\_**

**THIS FORM SHOULD BE TYPED**

**PROBATE COURT OF CUYAHOGA COUNTY, OHIO**

**ANTHONY J. RUSSO, Presiding Judge**

**LAURA J. GALLAGHER, Judge**

**IN THE MATTER OF THE ADOPTION OF \_\_\_\_\_**  
(Name after Adoption)

**CASE NUMBER \_\_\_\_\_**

**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\_\_\_\_.

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

\_\_\_\_\_  
Petitioner

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Petitioner

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

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

\_\_\_\_\_  
Phone Number (include Area Code)

\_\_\_\_\_  
Address

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

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

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

\_\_\_\_\_  
Phone Number (include Area Code)

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