ADOPTION OF _____
<div align="center">(Name after adoption)</div>

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:

<div align="center">PETITIONER(S)</div>

Petitioner's Full Name: _____

Petitioner's Full Name: _____

Residence: _____

Duration of Residence: _____

Marital Status: _____

Date and Place of Marriage: _____

<div align="center">ADOPTED CHILD</div>

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____.

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   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

Attorney Registration No. _____   _____
                                                            City   State   Zip Code

                                                            _____
                                                            Telephone Number (include area code)