## PROBATE COURT OF TRUMBULL COUNTY, OHIO JAMES A. FREDERICKA, 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:
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\_\_\_.

## [Reverse of Form 19.2]

CASE NO.
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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 Orde	er that the child's i	name shall be cha	anged to:			
An order 3705.12	r to the Ohio Dep (A)(1)	artment of Health	to issue a new	birth record fo	or the adopted p	person under R.C.
Other _						
Attornovitor	Datitionar			Petitioner		
Attorney for	Petitioner			Petitioner		
Typed or Pri	nted Name		Typed or Printed Name			
Street Address			_	Petitioner		
City	State	Zip Code	_	Typed or Printed Name		
Telephone Number (include area code)			Street Address			
Attorney Re	gistration No			City	State	Zip Code
				City	State	Zip Code
				Telephone Number (include area code)		

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