



www.sdaileylaw.com
sdailey@sdaileylaw.com
 Phone: 614-771-6000
 Fax: 614-319-7569

5354 Cemetery Rd.
 Hilliard, Ohio 43026

50 N. Sandusky St.
 Delaware, Ohio 43015

STEP PARENT ADOPTION PACKET

FATHER - Adoptive Natural

MOTHER - Adoptive Natural

Full Birth Name _____

Full Birth Name _____

Former (legal/maiden) name: _____

Former (legal/maiden) name: _____

Residence _____

Residence _____

City _____

City _____

State _____ Zip Code _____

State _____ Zip Code _____

County _____

County _____

Phone Number _____

Phone Number _____

Social Security Number _____

Social Security Number _____

Date of Birth _____ Age _____

Date of Birth _____ Age _____

Place of Birth _____

Place of Birth _____

Education (highest grade completed)

Education (highest grade completed)

Elementary/
 Secondary (0-12) College (1-4 or 5+)

Elementary/
 Secondary (0-12) College (1-4 or 5+)

Race _____

Race _____

Origin or Descent _____

Origin or Descent _____

Of Hispanic Origin Yes No

Of Hispanic Origin Yes No

Please specify if yes _____

Please specify if yes _____

Marital Status Married Divorced Widowed

Marital Status Married Divorced Widowed

Date of Marriage _____

Date of Marriage _____

Place of Marriage _____

Place of Marriage _____

Occupation _____

Occupation _____

Business/Industry _____

Business/Industry _____

Biological Parent Full Name _____ Consenting? Yes No



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5354 Cemetery Rd.
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Last Known, Complete Address _____

50 N. Sandusky St.
Delaware, Ohio 43015

CHILD'S INFORMATION

Birth Name _____

Residence _____

City _____ State _____ Zip _____ County _____ Zip Code _____

Date of Birth _____ Age _____

Place of Birth: City _____ County _____ State _____

What date did the child began living with adoptive parent _____

Child's legal name AFTER Adoption _____

DOCUMENTS TO BE SUBMITTED

- Five (5) letters of recommendation from family or friends. Please provide the original, notarized document to our office.**
- A correspondence from health care provider stating adoptive parent is in good health**
- The child's original birth certificate**
- Adoptive Parent Fingerprinting - Franklin County Sheriff's office at 614-462-5090**
 - If you have lived out of the state of Ohio in the past 5 years must do the FBI Check
 - If you have not lived out of the state of Ohio in the past years then you only need to the BCI Check
 - Any other adult over the age of 18, residing with the minor child must have fingerprinting done
- Correspondence from ODJFS - child abuse and neglect search**
 - This correspondence should include the following:
 - Adoptive parent's full name (including any maiden names),



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- Date of birth,
 - Social security number and
 - Complete address.
 - Be sure to include a copy of your driver's license and if the same does not include your social security number then a copy of your social security card must be included.
- The original signature, signed and notarized must be mailed to:
ODJFS ATTN: Barbra Parker, PO Box 182709, Columbus, Ohio 43218-2709.

Completed by:

Biological Parent

Date

Adoptive Parent

Date