

**PROBATE COURT OF MONTGOMERY COUNTY, OHIO
DAVID D. BRANNON, JUDGE**

**IN THE MATTER OF THE PLACEMENT
FOR ADOPTION OF:**

CASE NO. _____

(Name before adoption)

APPLICATION FOR PLACEMENT

[R.C. 5103.16]

Now comes _____, Applicant(s), and represent that the Applicant(s) is/are the _____ of a child whose date of birth is _____, and the Applicant(s) propose to place said child with _____, who reside(s) at _____, for the purpose of adoption.

A. CHILD

Name: _____
Birthplace: _____

Address: _____
Sex: _____ Race: _____

B. MOTHER OF CHILD

Name: _____
Date of Birth: _____
Present Address: _____
Marital Status at Birth of Child: Single Married
Place of Employment: _____

Race: _____ Deceased: Yes No
Place of Birth: _____
Telephone Number _____
 Divorced

C. FATHER OF CHILD

Name: _____
Date of Birth: _____
Present Address: _____
Marital Status at Birth of Child: Single Married
Place of Employment: _____

Race: _____ Deceased: Yes No
Place of Birth: _____
Telephone Number _____
 Divorced

D. WILLFUL FAILURE ALLEGMENTS (If Applicable). Applicant states that:

Mother	Father	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

E. OTHER CHILDREN OF NATURAL PARENT(S) (Name, Date and Place of Birth and Present Whereabouts)

(1) _____	(2) _____
_____	_____
_____	_____
(3) _____	(4) _____
_____	_____
_____	_____

F. GRANDPARENTS OF CHILD

(Maternal)

(Paternal)

G. PROSPECTIVE ADOPTIVE FAMILY

(Husband)

Name: _____ Race: _____
Date of Birth: _____ Place of Birth: _____
Present Address: _____ Religion: _____
Telephone No.: _____
Marital Status at Birth of Child: Single Married Divorced
Previous Marriage(s): _____
Previous Divorce(s); Where Obtained; When; Case Number(s): _____
Place of Employment: _____ Length of Employment: _____
Income Per Year: _____ Life Insurance: _____

(Wife)

Name: _____ Race: _____
Date of Birth: _____ Place of Birth: _____
Present Address: _____ Religion: _____
Telephone No.: _____
Marital Status at Birth of Child: Single Married Divorced
Previous Marriage(s): _____
Previous Divorce(s); Where Obtained; When; Case Number(s): _____
Place of Employment: _____ Length of Employment: _____
Income Per Year: _____ Life Insurance: _____

H. HOUSING

Renting Amount of Rent: _____ Description of Housing Facilities: _____
 Buying Amount of Mortgage: _____ Description of Housing Facilities: _____

I. OTHER CHILDREN OF PROSPECTIVE ADOPTIVE FAMILY (Name/Birth Date)

Husband

Wife

J. I/WE STATE THAT:

I/We have known the prospective adoptive family for _____ years/months.
Said child (is) (is not) related to the prospective adoptive family, being _____.
The child was not placed by applicant(s) with the prospective adoptive parents for the purpose of adoption.
The child (has) (has not) resided in the home of the prospective adoptive parents.
Applicant(s) further represent that it is in the best interest of said child that he/she be placed with and received by _____ for the purpose of adoption.

_____ as Parent(s) of the minor sought to be adopted (has) (have) been advised of the right to contest the Decree of Adoption, subject, however, to the limitations of Section 31-7.16 of the Ohio Revised Code.

Attorney for Applicant

Typed or Printed Name

Address

Telephone Number

Applicant

Applicant

Registration Number