

IN THE JOHNSON SUPERIOR COURT NO. 1
CAUSE NO. 41D01-

PETITION FOR ADOPTION OF ADULT

1. That the adult to be adopted is a _____ (male or female) named _____ (name of adult to be adopted), born on _____ (date) in the City of _____, State of _____, and is now _____ years of age.

3. That said _____ (name of adult to be adopted) has
consented to said adoption as exhibited by his/her written consent which is attached to said
petition as "Exhibit A" and that said _____ (name of

adult to be adopted) does not seek to have his/her name changed **OR** desires that his/her name be changed after said adoption to that of _____ (new name).

4. That the Petitioner(s) request that, pursuant to the provisions of Indiana Code Section 31-19-2-1, said petition for adoption be granted and that the Court deem that the requirement of an investigation as provided for in the adoption of children be dispensed with.

WEREFORE, the Petitioner(s), request(s) the Court to enter an Order finding:

1. That said adoption is desired by all parties involved.

2. That all the necessary consents with regard to said adoption have been secured.

3. That said _____ (name of adult to be adopted) does not seek to have his/her name changed by said adoption proceedings **OR** desires that his/her name be changed after said adoption proceedings to that of _____ (new name).

4. That _____ (state name of adult to be adopted), an adult _____ (male/female), be declared to be the _____ (son/daughter) and heir at law of your Petitioner(s).

5. And for all other relief which is proper in the premises _____.

X _____

[Signature(s) of Petitioner(s)]

Address:

State of Indiana

County of _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC OR DEPUTY CLERK

Print, Type, or Stamp commissioned name of notary/clerk

STATE OF INDIANA)
)SS: IN THE JOHNSON SUPERIOR COURT NO. 1
COUNTY OF JOHNSON) CAUSE NO. 41D01-_____

IN THE MATTER OF THE ADOPTION OF)
_____, AN ADULT)

CONSENT TO ADOPTION PROCEEDINGS

Comes now _____ (Name of Adult being adopted), who being duly
sworn upon his oath, states as follows: That he/she is _____ years of age and has
knowledge of the pending adoption proceedings wherein said
_____ (Petitioners Name) seeks to adopt him/her as his/her child and heir-at-
law and that he voluntarily consents to the adoption proceedings, understands the legal
ramifications of such action, and requests that the Court approve the same.

Dated: _____

State of Indiana
County of _____

Sworn to or affirmed and signed before me on _____ by _____

NOTARY PUBLIC OR DEPUTY CLERK

Print, Type, or Stamp commissioned name of notary/clerk



RECORD OF ADOPTION

State Form 5438 (R6/9-07)

INDIANA STATE DEPARTMENT OF HEALTH
VITAL RECORDS B4 99
2 N. Meridian St.
Indianapolis Indiana 46204

Send one copy with original copy of the
Comprehensive Medical History Report
(I.C. 31-19-2-7)
(Information confidential in accordance with IC 16-37-1-10)

STATE OFFICE USE

REGIS NO.	_____
ORIG. REGIS NO.	_____
LOCAL NO.	_____
FILE DATE	_____

PART I. This information will be used to prepare the new certificate of birth.

FATHER ADOPTIVE <input type="checkbox"/> NATURAL <input type="checkbox"/> (Specify)	1. NAME OF FATHER (First) _____ (Middle) _____ (Last) _____		2. Date of Birth (month, day, year) _____	
	3. Birthplace (State or foreign country) _____	4. Race _____	5. Usual Occupation _____	6. Kind of Business or Industry _____
MOTHER ADOPTIVE <input type="checkbox"/> NATURAL <input type="checkbox"/> (Specify)	7. PRESENT LEGAL NAME OF MOTHER (First) _____ (Middle) _____ (Last) _____		8. Maiden Surname _____	
	9. Date of Birth _____	10. Birthplace (State or foreign country) _____		11. Race _____
12. Present Mailing Address of Adoptive Parents (number and street, city, state, and zip code) _____				
13. Name of Attorney or Agency handling Case _____		Mailing Address (number and street, city, state, and zip code) _____		

PART II. This information must be given as of date of birth. It is needed to locate and seal the original certificate of birth.

CHILD'S PERSONAL DATA	14. Name of Child at Birth (First) _____ (Middle) _____ (Last) _____	
	15. Sex _____	16. Date of Birth (month, day, year) _____
NATURAL PARENTS' DATA	17. Place of Birth (City or Town, County, and State/Country) _____	
	18. Name of Father (First) _____ (Middle) _____ (Last) _____	19. Maiden Name of Mother (First) _____ (Middle) _____ (Last) _____

PART III. The clerk of court shall complete Parts I and II before the final decree of adoption is entered; then complete Part III and forward this record to the Indiana State Department of Health.

CERTIFICATION OF CLERK OF COURT	20. I hereby certify that the child described above was adopted by the parent(s) on _____			
	Date _____	Month _____	Year _____	Cause Number _____
and shall now bear the name _____				
S-E-A-L				
21. Signature of Court Clerk _____			22. Date signed (month, day, year) _____	
23. Court Clerk in and for the county of _____			State of _____	

PART IV. When birth occurred in the State other than Indiana, the State Registrar forward this record to the proper State Registration Agency.

CERTIFICATION OF STATE REGISTRAR	24. I hereby certify that this record was received on the _____ day of _____, 20____		
	Signature _____		