PROBATE COURT OF HURON COUNTY, OHIO

IN THE MATTER OF THE ADOPTION OF _____

CASE NUMBER_____

REFERENCE FOR ADOPTING PARENT(S) – PLEASE PRINT CLEARLY
(Please mark which reference letters are Minister & Employer)

1. My name is_____

2. I reside at_____
   (street or road) (city and state)

3. I have known_____ for _____years

4. I believe that he/she would make a good parent for the child for the following reasons:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date:_____/_____/_____

Telephone Number: _____

X_____
(signed name)

_____
(printed name)

INSTRUCTIONS: Please complete this form with the requested information. At No. 4, please give details as to your knowledge of the adopting parent and his or her ability to care for and be a good parent to the child to be adopted. **If you are attaching additional information to this form, please sign that page also.**