

**FAMILY COURT SERVICES - ROOM 2150  
501 WEST ADAMS STREET, JACKSONVILLE, FL 32202  
(904) 255-1060**

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**CHECKLIST FOR:  
PETITION FOR ADOPTION BY RELATIVE OF A MINOR OR DEPENDENT CHILD(REN)**

**INSTRUCTIONS:**

1. Go to [www.flcourts.gov](http://www.flcourts.gov) - (**select**) – Self Help, Family Law Forms for the forms.  
**Fully complete** the forms below.
2. Make sure the appropriate forms are **notarized**.
3. After notarizing make **2 copies** of each form.
4. File your **original documents** with the **Family Law Clerk of Courts Room 1191 – 1<sup>st</sup> floor**.
5. The Clerks Office will issue the **Summons** (instructions on next page).

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**ALL FORMS MUST BE COMPLETED TO START YOUR CASE**

- Form 12.928
  - Cover Sheet for Family Court Cases
- Local Form (Attached)
  - Petition for Adoption by Relative
  - Local Form (Attached) - use only if consent is given  
**Relative Adoption: Consent and Waiver by Parent**  
This form must be signed by the parent(s) who is (are) relinquishing all rights to and custody of the child(ren) to be adopted. Consent must be signed and notarized with two witnesses other than the notary.
- Local Form (Attached)
  - Indian Child Welfare Affidavit
- Local Form (Attached) - Motion for Search of Putative Father Registry (Minor Child(ren))
  - Form DH1963 (07/2012) – Florida Putative Father Registry  
– Application for Search (must be typed)  
(Available at Fla. Dept. of Health – Florida Vital Statistics website or Google Search)
- Local Form (Attached) - Order Granting Motion for Search of Putative Father Registry (Minor Child(ren))
- Local Form (Attached)
  - Final Judgment of Relative Adoption
- Form 12.900(h) (Must be Filed)
  - Notice of Related Cases
- Form 12.902(d)
  - Uniform Child Custody Jurisdiction and Enforcement Act Affidavit (UCCJEA)
- Birth Certificate - Certified copy of child’s birth certificate

## HOW TO SERVE THE OTHER PARTY...

### Proof of Service using the Jacksonville Sheriff's Office in DUVAL COUNTY

Bring the following forms COMPLETED to Room 1191 Family Law Clerk's Office for a clerk to sign:

- Form 12.910(a) Personal Summons
- Form 12.910(b) Process Service Memorandum

Once the forms are signed by the clerk, take the following:

- Copies of Filed Forms
- Summons
- Process Service Memorandum
- \$40.00 service fee to the Sheriff's Civil Process Unit

#### **Sheriff's Civil Process Unit**

The Civil Unit Public Window is located inside the Duval County Courthouse at  
**501 W. Adams Street, 5th Floor, Room 5141, Jacksonville, FL 32202.**

The window is open Monday - Friday, 8 a.m. - 4 p.m., *excluding holidays*.  
Phone number 904-255-2470

### Proof of Service using Sheriff's Office OUTSIDE of Duval County

IF the other party lives outside of Duval County, **YOU MUST** mail or physically take your copied documents **including** the Summons; to the Sheriff's Office in the city/county/state where the other party lives.

You should contact the Sheriff's Office to determine the service fee, number of copies needed, and any other items they may require such as a self-addressed stamped envelope.

## PETITION FOR ADOPTION BY RELATIVE

This form should be used when a grandparent, a brother, a sister, an aunt, or an uncle, is adopting his or her minor relative. The petitioner must obtain the written consent of the child(ren) to be adopted if he or she is over twelve years of age, as well as the written consent of his or her parents or legal guardian.

The name to be given to the adoptee **after** the adoption should be used in the heading of the petition. The relative is the petitioner, because he or she is the one who is asking the court for legal action, and must have his or her signature witnessed by a notary public.

The original petition must be filed with the clerk of the circuit court in the county where either the petitioner or the adoptee live.

Florida Statutes require that consent to adoption be obtained from:

- the mother of the minor,
- the father of the minor if:
  1. the minor was conceived or birth while the father was married to the mother'
  2. the minor is his child by adoption;
  3. the minor has been established by a court proceeding to be his child'
  4. he has filed an affidavit of paternity pursuant to section 382.013(2)(c) Florida Statutes; or
  5. in the case of an unmarried biological father, he has acknowledged in writing, signed in the presence of a competent witness, that he is the father of the minor, has filed such acknowledgment with the Office of Vital Statistics of the Department of Health within the required time frames, and has complied with the requirements of section 63.062(2).

Section 63.054, Florida Statutes, requires that in each adoption preceding the Florida Putative Father Registry be searched. Because the information contained in the registry is confidential, the petitioner must file a **Motion for Search of the Putative Father Registry** and if granted, he or she will receive an order from the judge authorizing the Dept. of Health, Office of Vital Statistics, to conduct the search and report the results to the court.

If the petitioner knows where the birth parents live, and they have not provided written consent to the adoption, the petitioner must use **personal service to notify them of the petition and the date of the hearing in the matter**. If you absolutely do not know where the birth parents live, you may use **constructive service**.

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR DUVAL COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: FM-\_\_\_\_\_

IN THE MATTER OF THE ADOPTION OF

\_\_\_\_\_  
{use name to be given to child(ren)} Adoptee(s).

**PETITION FOR ADOPTION BY RELATIVE**

Petitioner, {full legal name} \_\_\_\_\_ being sworn, files this petition for adoption of the above-named minor child(ren), under chapter 63, Florida Statutes.

1. This is an action for adoption of a minor child(ren) by his or her (their) relative.
  - a.

2. I desire to adopt the following child(ren):

<b>Name to be given to child(ren)</b>	<b>Birth date</b>	<b>Birthplace</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A certified copy of the birth certificate(s) is/are attached.

3. The child(ren) has (have) resided in my care and custody since {date}  
I wish to adopt the child(ren) because I would like to legally establish the parent-child relationship already existing between the child(ren) and me. Since the above date, I have been able to provide adequately for the material needs of the child(ren) and am able to continue doing so in the future, as well as to provide for the child(ren)'s mental and emotional well-being.  
Other reasons I wish to adopt the children are:

\_\_\_\_\_  
\_\_\_\_\_

I am \_\_\_\_\_ years old, and have resided at {street address} \_\_\_\_\_  
{city} \_\_\_\_\_ {county} \_\_\_\_\_ {state} \_\_\_\_\_ for

years.

4. I am related to the ( ) father or ( ) mother of the child(ren). I am the child(ren)'s {*relationship to child(ren, example, grandmother, etc.)*} \_\_\_\_\_

5. A completed **Uniform Child Custody Jurisdiction and Enforcement Act Affidavit (UCCJEA)**, Florida Supreme Court Approved Family Law Form 12.902(d), is filed with this petition.

6. A description and estimate of the value of any property of the adoptee(s) is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Consent by the adoptee(s) {*Use name to be given to the child(ren)*}:

( ) is attached for: *Name(s)* \_\_\_\_\_

( ) is not required because the adoptee(s) is/are not 12 years of age: *Name(s)* \_\_\_\_\_

( ) was excused by the court for: *Name(s)* \_\_\_\_\_

8. The following person(s) is/are required to consent and the consent form or affidavit of nonpaternity is/are attached: \_\_\_\_\_

9. The following person(s) whose consent is required has not consented. The facts/circumstances that excuse the lack of consent and would justify termination of this person's parental rights are:

Name	Address	Facts/circumstances
1. _____	_____	_____
2. _____	_____	_____

10. A copy of this Petition was served on all known persons whose consent is required but did not waive notice, as well as on all persons whose consent is required but did not provide consent. Proof of service is attached.

[✓Indicate if applicable:]

\_\_\_\_\_ A search of the Putative Father Registry maintained by the Office of Vital Statistics of the Department of Health has been requested, and if granted, the certificate from the State Registrar will be filed in this action.

**WHEREFORE**, I request that this Court terminate the parental rights of the parents or legal

guardian, enter a Final Judgment of Adoption of the Minor Child(ren) by petitioner Relative and as requested, change the name of the adoptee(s).

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Relative  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Relative  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

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**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Relative

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

# LOCAL FORM: INDIAN CHILD WELFARE ACT AFFIDAVIT

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## When should this form be used?

This form should be used in cases involving adoption of a child. This **affidavit** is **required**.

This form should be typed or printed in black ink. After completing this form, you should sign the form before a **notary public** or **deputy clerk**. You should then **file** the original with the **clerk of the circuit court** in the county where the petition was filed and keep a copy for your records.

## IMPORTANT INFORMATION REGARDING E-FILING

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleading or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

## What should I do next?

A copy of this form must be mailed, e-mailed, or hand delivered to the other party in your case, if it is not served on him or her with your initial papers.

## IMPORTANT INFORMATION REGARDING E-SERVICE ELECTION

After the initial service of process of the petition or supplemental petition by the Sheriff or certified process server, the Florida Rules of Judicial Administration now require that all documents required or permitted to be served on the other party must be served by electronic mail (e-mail) except in certain circumstances. **You must strictly comply with the format requirements set forth in the Rules of Judicial Administration.** If you elect to participate in electronic service, which means serving or receiving pleadings by electronic mail (e-mail), or through the Florida Courts E-Filing Portal, you **must** review Florida Rule of Judicial Administration 2.516. You may find this rule at [www.flcourts.org](http://www.flcourts.org) through the link to the Rules of Judicial Administration provided under either Family Law Forms: Getting Started, or Rules of Court in the A-Z Topical Index.

**SELF-REPRESENTED LITIGANTS MAY SERVE DOCUMENTS BY E-MAIL; HOWEVER, THEY ARE NOT REQUIRED TO DO SO.** If a self-represented litigant elects to serve and receive documents by e-mail, the procedures must always be followed once the initial election is made.



To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

### **Where can I look for more information?**

**Before proceeding, you should read General Information for Self-Represented Litigants found at the beginning of these forms.** The words that are in **bold underline** in these instructions are defined there.

### **Special notes...**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of a **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR DUVAL COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

IN THE MATTER OF THE ADOPTION OF

\_\_\_\_\_,  
{use name to be given to the minor child(ren)} Adoptee(s).

**INDIAN CHILD WELFARE ACT AFFIDAVIT**

I, {full legal name} \_\_\_\_\_, being sworn, certify that the following statements are true:

Upon information and belief the child \_\_\_\_\_ {name} subject to this proceeding: {choose **one only**}

1. \_\_\_\_\_ is not an Indian child. The Indian Child Welfare Act does not apply to this proceeding.
2. \_\_\_\_\_ is an Indian child within the meaning of the Indian Child Welfare Act of 1978 (25 U.S.C. Section 1901 et seq.).

I certify that a copy of this document was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand-delivered to the person(s) listed below on {date} \_\_\_\_\_.

Other party or his/her attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Designated E-mail Address(es): \_\_\_\_\_

\_\_\_\_\_

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Relative

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

STATE OF FLORIDA  
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 or clerk.}

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in **all** blanks] This form was prepared for the: {choose only **one**} ( ) Petitioner ( ) Respondent

This form was completed with the assistance of:

{name of individual} \_\_\_\_\_,

{name of business} \_\_\_\_\_,

{address} \_\_\_\_\_,

{city} \_\_\_\_\_, {state} \_\_\_\_\_, {zip code} \_\_\_\_\_, {telephone number} \_\_\_\_\_.

# LOCAL FORM: RELATIVE ADOPTION CONSENT AND WAIVER BY PARENT (11/18)

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## **When should this form be used?**

This form is to be completed and signed by the parent who is giving up all rights to, custody of, and time-sharing with the minor child to be adopted. This consent shall not be executed before the birth of the minor child. For more information about consenting to adoption, you should refer to Chapter 63, Florida Statutes, and sections 63.062-63.082, Florida Statutes, in particular.

This form should be typed or printed in black ink. It must be signed in the presence of a **notary public** or **deputy clerk** and two witnesses other than the notary or clerk. You should **file** this form with the **Joint Petition for Adoption by Relative**.

After completing this form, you should hand deliver a copy or duplicate original to the parent giving consent and have them sign the original saying they received a copy. Then you should file the original with the **clerk of the circuit court** in the county where the **Joint Petition for Adoption by Relative**, is filed and keep a copy for your records.

## **IMPORTANT INFORMATION REGARDING E-FILING**

The Florida Rules of Judicial Administration now require that all petitions, pleadings, and documents be filed electronically except in certain circumstances. **Self-represented litigants may file petitions or other pleadings or documents electronically; however, they are not required to do so.** If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525, and you must follow the procedures of the judicial circuit in which you file. **The rules and procedures should be carefully read and followed.**

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To serve and receive documents by e-mail, you must designate your e-mail addresses by using the **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915, and you must provide your e-mail address on each form on which your signature appears. Please **CAREFULLY** read the rules and instructions for: **Certificate of Service (General)**, Florida Supreme Court Approved Family Law Form 12.914; **Designation of Current Mailing and E-mail Address**, Florida Supreme Court Approved Family Law Form 12.915; and Florida Rule of Judicial Administration 2.516.

### **Special notes...**

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IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR DUVAL COUNTY, FLORIDA

Case No.: \_\_\_\_\_

Division: \_\_\_\_\_

IN THE MATTER OF THE ADOPTION OF

\_\_\_\_\_  
{use name to be given to minor child(ren)} Adoptee(s).

**CONSENT AND WAIVER BY PARENT**

1. I, {full legal name} \_\_\_\_\_, am the {Choose only one} \_\_\_\_\_  
father or \_\_\_\_\_ mother of the minor child(ren) subject to this consent who is/are:

<b>Child's Current Name</b>	<b>Gender</b>	<b>Birth date</b>	<b>Birthplace</b> <i>{city, county, state}</i>
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a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

2. I relinquish all rights to, custody of, and time sharing with this (these) minor child(ren),  
{name(s)} \_\_\_\_\_, with  
full knowledge of the legal effect of the relative adoption and consent to the adoption by the  
child(ren)'s relative whose name is: {Choose only one}  
\_\_\_\_\_ {name} \_\_\_\_\_  
\_\_\_\_\_ not required for my granting of this consent.

3. I understand my legal rights as a parent and I understand that I do not have to sign this consent and release of my parental rights. I acknowledge that this consent is being given knowingly, freely, and voluntarily. I further acknowledge that my consent is not given under fraud or duress. I understand that there is a "grace period" in Florida during which I may revoke my consent. If the child to be adopted is older than 6 months at the time of consent, this grace period is for 3 business days. The term "business day" means any day on which the United States Postal Service accepts certified mail for delivery. I understand that, in signing this consent, I am permanently and forever giving up all my parental rights to and interest in this (these) minor child(ren) and that this consent may only be withdrawn if the Court finds it was obtained by fraud or duress. I voluntarily, permanently relinquish all my parental rights to this (these) minor child(ren).
4. I consent, release, and give up permanently, of my own free will, my parental rights to this (these) minor child(ren), for the purpose of relative adoption.
5. I waive any further notice of the relative adoption proceeding.
6. I understand that pursuant to Chapter 63, Florida Statutes, "an action or proceeding of any kind to vacate, set aside, or otherwise nullify a judgment of adoption or an underlying judgment terminating parental rights on any ground may not be filed more than 1 year after entry of the judgment terminating parental rights;"
7. I understand I have the right to choose a person who does not have an employment, professional, or personal relationship with the adoption entity or the prospective adoptive parents to be present when this affidavit is executed and to sign it as a witness. The witness I selected is: {full legal name}  
\_\_\_\_\_.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this consent and waiver and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Designated email address \_\_\_\_\_

\_\_\_\_\_

Signature of Witness

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

State ID Card No.: \_\_\_\_\_

\_\_\_\_\_

Signature of Witness

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License No. \_\_\_\_\_

State ID Card No.: \_\_\_\_\_



STATE OF FLORIDA  
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 or clerk.}*

\_\_\_\_\_ Personally known  
\_\_\_\_\_ Produced identification  
\_\_\_\_\_ Type of identification produced \_\_\_\_\_

I hereby acknowledge receipt of a copy or duplicate original of this executed Consent and Waiver.

\_\_\_\_\_  
Signature of Parent

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in **all** blanks] This form was prepared for the \_\_\_\_\_ Respondent

This form was completed with the assistance of:

*{name of individual}* \_\_\_\_\_,

*{name of business}* \_\_\_\_\_,

*{address}* \_\_\_\_\_,

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{zip code, }* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR DUVAL COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

IN THE MATTER OF

\_\_\_\_\_,  
Minor Child(ren).

**MOTION FOR SEARCH OF THE PUTATIVE FATHER REGISTRY**

Petitioner, *{full legal name}* \_\_\_\_\_, files this Motion for Search of the Putative Father Registry, and states:

1. This is an action for Petition for Adoption by Relative of a Minor or Dependent Child(ren), by the minor child(ren's) \_\_\_\_\_ (*state relationship to child(ren)*), who is the Petitioner.
2. The Florida Putative Father Registry - Application for Search is completed and attached to this Motion.

**WHEREFORE**, I request that this Court enter an Order Granting Motion for Search of the Putative Father Registry.

**I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this motion and that the punishment for knowingly making a false statement includes fines and/or imprisonment.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Designated E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA

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 or clerk.}*

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:**

[fill in **all** blanks] This form was prepared for the petitioner.

This form was completed with the assistance of:

*{name of individual}* \_\_\_\_\_,

*{name of business}* \_\_\_\_\_,

*{address}* \_\_\_\_\_,

*{city}* \_\_\_\_\_, *{state}* \_\_\_\_\_, *{zip code}* \_\_\_\_\_, *{telephone number}* \_\_\_\_\_.

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR DUVAL COUNTY, FLORIDA

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

IN THE MATTER OF

\_\_\_\_\_  
Minor Child(ren).

**ORDER GRANTING MOTION FOR SEARCH OF  
THE PUTATIVE FATHER REGISTRY**

Upon consideration of Petitioner's Motion for Search of the Putative Father Registry, this Court finds:

1. This is an action for Petition for Adoption by Relative of a Minor or Dependent Child(ren), Petitioner, who is proceeding pro se.

NOW, THEREFORE, IT IS ORDERED THAT:

1. The Office of Vital Statistics, Department of Health shall conduct a search of the Putative Father Registry upon receipt of a completed application and payment of any authorized fee.
2. The State Registrar shall issue a certificate indicating the results of such search which shall be filed in this proceeding by transmitting the certificate to the clerk of court.

DONE and ORDERED on: \_\_\_\_\_ in \_\_\_\_\_, Florida.

\_\_\_\_\_  
Circuit Judge

I certify that a copy of the *{name of document(s)}* \_\_\_\_\_  
was ( ) mailed ( ) faxed and mailed ( ) e-mailed ( ) hand-delivered to the parties and to any other persons  
or entities listed below on *{date}* \_\_\_\_\_.

\_\_\_\_\_  
By: Clerk of Court, Designee, or Judicial Assistant

Petitioner (or his or her attorney)  
State Registrar, Office of Vital Statistics

IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT,  
IN AND FOR DUVAL COUNTY, FLORIDA

CASE NO.: \_\_\_\_\_  
DIVISION: \_\_\_\_\_

IN THE MATTER OF THE ADOPTION OF  
\_\_\_\_\_

**FINAL JUDGMENT OF RELATIVE ADOPTION**

Upon consideration of the Petition for Adoption by Relative and the evidence presented, the Court finds that:

1. The Court has subject matter jurisdiction over the Petition for Adoption by Relative.
2. The Court has jurisdiction over the minor child(ren) subject to the Petition for Adoption by Relative.
3. Petitioner(s) desires the permanent responsibility of a parent in this adoption.
4. There is no pending litigation regarding the child(ren) in Florida or in any other state, nor is there any other person not a party to these proceedings who has or claims to have physical custody or rights to the minor child(ren).

5. The consent of the birth mother is:

**only one]**

\_\_\_\_\_ attached to the petition.

\_\_\_\_\_ not required because she is deceased. A certified copy of the death certificate is attached.

\_\_\_\_\_ waived because:

**[all that apply]**

\_\_\_\_\_ the parent has deserted the child without means of identification or has abandoned the child.

\_\_\_\_\_ the parent's rights have been terminated by a court of competent jurisdiction.

\_\_\_\_\_ the parent has been declared incompetent and restoration of competency is medically improbable.

\_\_\_\_\_ the legal guardian or lawful custodian of the adoptee(s), other than the birth parent, who has failed to respond in writing to a request for consent for a period of 60 days or the Court has examined the written reasons for withholding consent and has found the withholding of consent to be unreasonable.

\_\_\_\_\_ other: \_\_\_\_\_.

6. The consent of the birth/legal father is:

**only one]**

attached to the petition.

not required because he is deceased. A certified copy of the death certificate is attached.

waived because:

[all that apply]

the parent has deserted the child without means of identification or has abandoned the child.

the parent's rights have been terminated by a court of competent jurisdiction.

the parent has been declared incompetent and restoration of competency is medically improbable.

the legal guardian or lawful custodian of the adoptee(s), other than the birth parent, who has failed to respond in writing to a request for consent for a period of 60 days or the Court has examined the written reasons for withholding consent and has found the withholding of consent to be unreasonable.

other: \_\_\_\_\_.

7. The consent of the legal custodian or guardian is:

**only one]**

attached to the petition.

not required because he or she is deceased. A certified copy of the death certificate is attached.

waived because:

[all that apply]

the parent has deserted the child without means of identification or has abandoned the child.

the parent's rights have been terminated by a court of competent jurisdiction.

the parent has been declared incompetent and restoration of competency is medically improbable.

the legal guardian or lawful custodian of the adoptee(s), other than the birth parent, who has failed to respond in writing to a request for consent for a period of 60 days or the Court has examined the written reasons for withholding consent and has found the withholding of consent to be unreasonable.

other: \_\_\_\_\_.

8. The best interests of the child(ren) will be promoted by this adoption.

9. The minor child(ren) is (are) suitable for adoption by Petitioner(s).

**NOW, THEREFORE, IT IS ORDERED and ADJUDGED** that:

1. The minor child(ren) subject to the Petition(s) is (are) declared to be the legal child(ren) of Petitioner(s), { *name(s)* } \_\_\_\_\_
2. The minor child(ren) shall be the child(ren) and legal heir(s) at law of Petitioner(s), { *name* } \_\_\_\_\_, and shall be entitled to all rights and privileges, and subject to all obligations, of children born of Petitioner(s).
3. All legal relations between the adoptee(s) and the noncustodial parent and between the adoptee(s) and the relatives of that parent are terminated by this adoption, as are all parental rights and responsibilities of that birth parent.
4. This Final Judgment of Adoption creates a relationship between the adoptee(s) and Petitioner(s) and all relatives of Petitioner(s) that would have existed if the adoptee(s) was (were) a blood descendant of the Petitioner(s), born within wedlock, entitled to all rights and privileges thereof, and subject to all obligations of a child being born to Petitioner(s).
5. The minor child(ren) shall hereafter be known as:  
{ *Full legal name* } \_\_\_\_\_  
{ *Full legal name* } \_\_\_\_\_  
{ *Full legal name* } \_\_\_\_\_  
{ *Full legal name* } \_\_\_\_\_  
{ *Full legal name* } \_\_\_\_\_

ORDERED and ADJUDGED on \_\_\_\_\_.

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**CIRCUIT JUDGE**

**COPIES TO:**

Petitioners (or their attorney)

Name:

Address:

City/State/Zip Code:

