

PC-8.2
Adoption Petition
SW-6
R.I.G.L. 8-9-9



Form PC-9.1, Advertising, should be completed in conjunction with this action.



Attorney of Record should be filed with the estate records.



This action does make the person an heir-at-law.

This form is completed when a Petitioner(s) requests adoption of a person 18 years of age or older.

The Probate Clerk:

- Date stamps the form.
- Files **Form PC-9.2, Attorney of Record.**
- Files **Form PC-9.1, Advertisement,** if the Petition is advertised.
- If name change is involved, sends Petitioner a certified copy of the Decree
- Sends R.I. Department of Health a copy of the Decree.



Note: An entry of Race is optional in the Section to be completed if a new birth record is needed.



STATE OF RHODE ISLAND
County of _____

PROBATE COURT OF THE

Estate of _____

No. _____
Date _____

ADULT ADOPTION PETITION AND CHANGE OF NAME (if needed) if applicable use Form PC-8.1, Change of Name

Adoptee's full present name: _____

Name of Petitioner

No. Street

City State ZIP

The father of said child is: (Check one) Living Deceased _____
Date of Death

**If father is living, enter
the father's residence:**

Name of Father

No. Street

City State ZIP

The mother of said child is: (Check one) Living Deceased _____
Date of Death

**If mother is living, enter
the mother's residence:**

Name of Mother Maiden Name

No. Street

City State ZIP

We request for leave to adopt said child and that his/her name be changed to _____
Full Name to Which Child's Name is to be Changed

and the birth record list the following _____
Name of Father Maiden Name of Mother

Do you want a new birth record: Yes No

**Please complete the following
information only if a new birth
record is needed. This information will
be needed for both adoptive parents unless
petition is for a single parent adoption.**

Father's Date of Birth	Father's Place of Birth	Father's Race (Optional)
Mother's Number and Street Address, City/Town and State at Time of Child's Birth		
Mother's Date of Birth	Mother's Place of Birth	Mother's Race (Optional)

_____ Witness	_____ Signature of Proposed Father
_____ Witness	_____ Signature of Proposed Mother
The undersigned _____ Name of Original Father	of said child _____ Name of Original Mother

hereby consents to said adoption.

_____ Witness	_____ Signature of Original Father
_____ Witness	_____ Signature of Original Mother

I, the above child being of the age of eighteen years and upwards, hereby consent to said adoption

_____ Witness	_____ Signature of Child
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DECREE

The Court being satisfied of the identity and relationship of the persons; that the petitioner(s) are of sufficient ability to bring up said child and furnish suitable nurture and education having reference to the degree and condition of said parent(s); that it is fit and proper that such adoption should take effect; that the proposed home and the child are suited to each other; and it appearing that it is to the mutual benefit of all parties the such adoption should take effect.

It is ORDERED, ADJUDGED AND DECREED that from the date hereof said child shall to all legal intents and purposes be the child of said petitioner and that his/her name be changed to _____
Full Name to Which Child's Name is to be Changed

Date

Probate Judge