

# Adoption Questionnaire

Date: \_\_\_\_\_

**\*Required Information (needed to obtain new birth certificate)**

## **I. INFORMATION ON ADOPTIVE PARENTS**

### **Father's Information**

\*Full Name : \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Birthplace: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Race: \_\_\_\_\_

### **Employment Information**

Name of Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Has Father ever been convicted of a felony (including guilty pleas, no lo contrende ans deferred ajucations)? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes explain: \_\_\_\_\_

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

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### **Mother's Information**

\*Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Birthplace: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

### **Employment Information**

Name of Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Has Mother ever been convicted of a felony (including guilty pleas, no lo contrende ans deferred ajucations)? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes explain: \_\_\_\_\_

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

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**II. INFORMATION ON NATURAL PARENTS**

**\*Required Information (this helps us when preparing documents for court)**

**Natural Father's Information**

\*Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthplace: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Race: \_\_\_\_\_

**Employment Information**

Name of Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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**Natural Mother's Information**

\*Full Name: \_\_\_\_\_ \*Maiden Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthplace: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Race: \_\_\_\_\_

**Employment Information**

Name of Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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### III. Information on Child or Children to be Adopted

#### \*Required Information (this helps us when preparing documents for court)

\*Full Name of child before adoption: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 \*Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 \*Birthplace: \_\_\_\_\_  
 \*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race: \_\_\_\_\_  
 \*Time of Birth: \_\_\_\_\_ .m.  
 \*Name of Hospital: \_\_\_\_\_ \*City: \_\_\_\_\_  
 \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*County: \_\_\_\_\_  
 Who does child reside with at this time? \_\_\_\_\_  
 How long as child resided there? \_\_\_\_\_  
 \*Child's name to be changed to: \_\_\_\_\_

\*Full Name of child before adoption: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 \*Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 \*Birthplace: \_\_\_\_\_  
 \*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race: \_\_\_\_\_  
 \*Time of Birth: \_\_\_\_\_ .m.  
 \*Name of Hospital: \_\_\_\_\_ \*City: \_\_\_\_\_  
 \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*County: \_\_\_\_\_  
 Who does child reside with at this time? \_\_\_\_\_  
 How long as child resided there? \_\_\_\_\_  
 \*Child's name to be changed to: \_\_\_\_\_

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**OFFICE USE ONLY**

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**Information on termination:**

Service

- A. Personal at home or work
- B. Non-resident service
- C. Publication-residence unknown
- D. Publication-outside United States
- E. Waiver to be secured (no service)
- F. Military Waiver
- G. Relinquishment anticipated

**Case Type:** \_\_\_\_\_

**Retainer Fee:** \_\_\_\_\_

**Renewable at:** \_\_\_\_\_

**Trial Fee:** \_\_\_\_\_

**Minimum Legal Fee:** \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

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