

ADOPTION WORKSHEET

TYPE OF ADOPTION (circle one) Step-Parent / Private Agency / Health & Welfare / Private / Grandparent

NAME OF ADOPTING PARENT (S) _____

ADDRESS _____

COUNTY OF ADOPTIVE PARENTS' RESIDENCE: _____

TELEPHONE NUMBER Home () _____ Work () _____ Cell () _____

DATE OF BIRTH - Adopting Mother _____ Adopting Father _____

PLACE OF BIRTH _____

PLACE OF BIRTH - Adopting Mother _____ Adopting Father _____

PLACE OF BIRTH _____

DATE OF MARRIAGE _____ PLACE OF MARRIAGE _____

ADOPTING MOTHER'S MAIDEN NAME _____

CURRENT NAME OF CHILD(REN) (Birth certificate name)	DATE OF BIRTH
_____	_____
_____	_____

LOCATION OF BIRTH (city and hospital) _____

Copy of Birth Certificate? ___ YES ___ NO

DESIRED NEW NAME OF CHILD(REN) _____

NAME OF BIOLOGICAL MOTHER _____

ADDRESS _____ DATE OF BIRTH _____

PLACE OF BIRTH _____

NAME OF BIOLOGICAL FATHER _____

ADDRESS _____ DATE OF BIRTH _____

PLACE OF BIRTH _____

1. HAS PATERNITY BEEN LEGALLY ESTABLISHED? _____ NO _____ YES

2. DO BIOLOGICAL PARENTS AGREE WITH THIS PLACEMENT? _____ NO _____ YES

3. HAVE BIOLOGICAL PARENTS' RIGHTS BEEN TEMRINATED _____ NO _____ YES

4. DATE BIOLOGICAL MOTHER SAW CHILDREN _____

5. DATE BIOLOGICAL FATHER SAW CHILDREN _____