

**ADOPTION INFORMATION SHEET**

**Type of Adoption:** DHR/DFACS ( )  
**(Check One)** International – Domestication of Foreign Decree ( )  
Independent/Non-Agency ( )  
Agency ( )  
Stepparent ( )

**County of your residence:** \_\_\_\_\_

\* Indicates information needed to complete new birth certificate

**ADOPTIVE FATHER**

\*Full legal name: \_\_\_\_\_

Age: \_\_\_\_\_ \*Date/\*Place of Birth: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_

\*Driver's License Number and State: \_\_\_\_\_

\*Race: \_\_\_\_\_

Date and Location of Marriage: \_\_\_\_\_

Current Employment and Salary: \_\_\_\_\_

**ADOPTIVE MOTHER**

Full legal name (including maiden name): \_\_\_\_\_

Do you go by your married or maiden name? \_\_\_\_\_

Age: \_\_\_\_\_ \*Date/\*Place of Birth: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_

\*Driver's License Number and State: \_\_\_\_\_

\*Race: \_\_\_\_\_

\*Place of residence at the time or expected time of birth of the child: \_\_\_\_\_  
\_\_\_\_\_

Current Employment and Salary: \_\_\_\_\_

**ADDITIONAL INFORMATION CONCERNING ADOPTIVE PARENTS**

Current mailing address: \_\_\_\_\_  
\_\_\_\_\_

Current County and State of residence: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Husband's work telephone number: \_\_\_\_\_

Husband's cell number: \_\_\_\_\_

Wife's work telephone number: \_\_\_\_\_

Wife's cell number: \_\_\_\_\_

Email address: \_\_\_\_\_

Names and ages of other children living in home, not including child to be adopted:  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ON CHILDREN TO BE ADOPTED**

**INFORMATION FOR CHILD #1**

Name of the child at birth: \_\_\_\_\_

Name that you want the child to have: \_\_\_\_\_

Date of birth or expected date of birth: \_\_\_\_\_

Place of birth or expected place of birth: \_\_\_\_\_

Time of birth if known: \_\_\_\_\_

Hospital of birth if known: \_\_\_\_\_

Hospital of birth location (City, County, & State): \_\_\_\_\_  
\_\_\_\_\_

Social Security Number (if none, please indicate): \_\_\_\_\_

Date child was placed with you: \_\_\_\_\_

**BIRTHMOTHER:**

Full legal name of Biological Mother of the child: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the birthmother married to father of the child? **YES** ( ) **NO** ( )

Was she married at the time of conception or at any time during her pregnancy?

**YES** ( ) **NO** ( )

**BIRTH FATHER:**

Full legal name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**INFORMATION ON CHILD #2**

Name of the child at birth: \_\_\_\_\_

Name that you want the child to have: \_\_\_\_\_

Date of birth or expected date of birth: \_\_\_\_\_

Place of birth or expected place of birth: \_\_\_\_\_

Time of birth if known: \_\_\_\_\_

Hospital of birth if known: \_\_\_\_\_

Hospital of birth location (City, County, & State): \_\_\_\_\_

Social Security Number (if none, please indicate): \_\_\_\_\_

Date child was placed with you: \_\_\_\_\_

**BIRTHMOTHER:**

Full legal name of Biological Mother of the child: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the birthmother married to father of the child? **YES** ( ) **NO** ( )

Was she married at the time of conception or at any time during her pregnancy?

**YES** ( ) **NO** ( )

**BIRTH FATHER:**

Full legal name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name and address of persons or agencies child resided with prior to being placed in adoptive home:

Name of Persons/Agencies	Address	Approximate date

**AGENCY INFORMATION (if applicable)**

Name of agency: \_\_\_\_\_

Address of agency: \_\_\_\_\_

Telephone number of agency: \_\_\_\_\_

Caseworker or contact person at agency: \_\_\_\_\_

**SOCIAL WORKER**

Name of social worker (who did your home study): \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Name of agency completing your post placement: \_\_\_\_\_