



Adoption Worksheet

[Strictly Confidential]

Adoptive Father's Legal Name: _____

Other Names used by Adoptive Father: _____

Date of Birth: _____ Social Security No.: _____

Race: _____ Email Address: _____

Place of Birth (city, county, state): _____

US citizen? ☐ Yes ☐ No If no, what nationality: _____

Business/Employment: _____

Annual Income: _____ Phone: _____

Adoptive Mother's Legal Name: _____

Adoptive Mother's Maiden Name: _____

Date of Birth: _____ Social Security No.: _____

Race: _____ Email Address: _____

Place of Birth (city, county, state): _____

US citizen? ☐ Yes ☐ No If no, what nationality: _____

Business/Employment: _____

Annual Income: _____ Phone: _____

Address: _____

Date of Marriage: _____

Prior Marriages?

Husband: ☐ Yes ☐ No. If yes, name of prior spouse: _____

How Terminated? ☐ Death ☐ Divorce Date: _____

Wife: ☐ Yes ☐ No. If yes, name of prior spouse: _____

How Terminated? ☐ Death ☐ Divorce Date: _____

CHILDREN OF THIS MARRIAGE: ☐ None

AGE or DOB

Number of grandchildren: _____

Range of Ages: _____

CHILDREN FROM PRIOR MARRIAGE:

WIFE HUSBAND AGE

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

- Any deceased children?

If yes, name: _____

If yes, survived by issue?

- Any adopted children?

If yes, name: _____

YES **NO**

☐ ☐

☐ ☐

☐ ☐

Child #1:

Legal Name of Child to be Adopted: _____

If Adoption is granted, Child's Name will be: _____

City, County, and State of Birth: _____

Hospital of Birth: _____

Residence at time of birth: _____

Date of Birth: _____ Social Security No.: _____

Race: _____ Gender: _____

US citizen? ☐ Yes ☐ No. If no, what nationality: _____

Birth Certificate Number (if known): _____

Biological Mother's Name: _____

Biological Mother's Address: _____

Biological Father's Name: _____

Biological Father's Address: _____

Have the Biological Parents' rights been terminated by the court? ☐ Yes ☐ No

If yes, when: _____

Court: _____

Will the Biological Parents consent to the termination of their parental rights?

Mother ☐ Yes ☐ No ☐ Unknown

Father ☐ Yes ☐ No ☐ Unknown

Child #2:

Legal Name of Child to be Adopted: _____

If Adoption is granted, Child's Name will be: _____

City, County, and State of Birth: _____

Hospital of Birth: _____

Residence at time of birth: _____

Date of Birth: _____ Social Security No.: _____

Race: _____ Gender: _____

US citizen? ☐ Yes ☐ No. If no, what nationality: _____

Birth Certificate Number (if known): _____

Biological Mother's Name: _____

Biological Mother's Address: _____

Biological Father's Name:_____

Biological Father's Address:_____

Have the Biological Parents' rights been terminated by the court? ☐ Yes ☐ No

If yes, when:_____

Court:_____

Will the Biological Parents consent to the termination of their parental rights?

Mother ☐ Yes ☐ No ☐ Unknown

Father ☐ Yes ☐ No ☐ Unknown

Child #3:

Legal Name of Child to be Adopted:_____

If Adoption is granted, Child's Name will be:_____

City, County, and State of Birth:_____

Hospital of Birth: _____

Residence at time of birth: _____

Date of Birth:_____ Social Security No.:_____

Race:_____ Gender: _____

US citizen? ☐ Yes ☐ No. If no, what nationality:_____

Birth Certificate Number (if known): _____

Biological Mother's Name:_____

Biological Mother's Address:_____

Biological Father's Name:_____

Biological Father's Address:_____

Have the Biological Parents' rights been terminated by the court? ☐ Yes ☐ No

If yes, when: _____

Court: _____

Will the Biological Parents consent to the termination of their parental rights?

Mother ☐ Yes ☐ No ☐ Unknown

Father ☐ Yes ☐ No ☐ Unknown

Do you wish to enroll the child(ren) in the immunization registry? ☐ Yes ☐ No

Any other special facts or circumstances I should be aware of? If so, please explain: _____
