

ADOPTION (DCS)

Please fill out as thoroughly as possible

Your Name: _____ DOB: _____ Age: _____

Your Social Security Number: _____

Wife's/Mother's Maiden name _____

Spouse's Name: _____ DOB: _____ Age: _____

Spouse's Social Security Number: _____

Your Address: _____

City, State, Zip: _____ Home Phone _____ Cell _____

Your email address: _____

Date of Marriage: _____ Place of Marriage: _____

Your employer: _____ Position/title: _____

Employer's address: _____

Spouse's employer: _____ Position/title: _____

Employer's address: _____

Are you a licensed foster parent? Yes _____ No _____

If yes, which agency completed your certification? _____

When were you last certified? _____

Full Name of child/ren you wish to adopt: _____

Child/ren's date of birth: _____

Where was child/ren born? (City, State) _____

Are you related to the child/ren? _____ Relation? _____

Is he/she a ward of the Juvenile Court? Yes _____ No _____

If yes, what is the case number in Juvenile Court? JD _____

Is the child living with you? Yes _____ No _____

If yes, what date did he/she come to live with you? _____

What is the case number? JS _____

Does the child own any property? Yes _____ No _____

Have the natural parents' parental rights been severed? Yes ____ No _____

If yes, when? _____ what is the case number? JS _____

Name of child's natural mother: _____

Name of child's natural father: _____

Will the natural parents sign a consent to adopt (if applicable)? Yes _____ No _____

Were the natural parents married when the child was born? Yes _____ No _____

If no, has paternity been established? Yes _____ No _____

Do you wish to change the child/ren's name? Yes ____ No _____

If yes, what name do you wish the child/ren to have? _____

Who is your caseworker? _____

Caseworker's phone number? _____

When were you last fingerprinted? _____

Who referred you to our office? _____