

ADOPTION QUESTIONNAIRE

Date: _____

Adoptive Mother's Information:

Full Legal Name
Address County
Phone
Cell phone
E-mail address
Social Security Number
Driver's License Number
Date of Birth
Place of Birth
Eye color
Hair color
Complexion
Height
Weight
Race
Nationality
Education: list school, location & years 1. 2. 3. 4. 5.
Religion: Denomination: Attendance:
Health
Hobbies

Adoptive Father's Information:

Full Legal Name
Address County
Phone
Cell phone
E-mail address
Social Security Number
Driver's License Number
Date of Birth
Place of Birth
Eye color
Hair color
Complexion
Height
Weight
Race
Nationality
Education: list school, location & years 1. 2. 3. 4. 5.
Religion: Denomination: Attendance:
Health
Hobbies

ADOPTION QUESTIONNAIRE

Adoptive Mother's Employment:

Occupation
Employer
Employer's address
Income
Medical Benefits

Adoptive Father's Employment:

Occupation
Employer
Employer's address
Income
Medical Benefits

Adoptive Mother's Information

Maiden name

Home

Type of house:	# rooms:
Size of grounds:	
If a rental, monthly payment \$	
If owned, value \$	
mortgage balance \$	
Others in home: name, age, relationship	

Present Marriage

Date:
Place:
Officiant:
Attach copy of Marriage License

Paternity of Adoptee

If the parents were not married to each other when the adoptee was conceived or born: Attach copy of Acknowledgement of Paternity and/or Order of Filiation, if any

Adoptive Mother's Prior Marriage

Date:
Place:
Officiant:
Date of Divorce:
Place of Divorce:
Name of judge:
Date of spouse's death:
Attach copy of Judgment of Divorce or Death Certificate

Adoptive Father's Prior Marriage:

Date:
Place:
Officiant:
Date of Divorce:
Place of Divorce:
Name of Judge:
Date of spouse's death:
Attach copy of Judgment of Divorce or Death Certificate

ADOPTION QUESTIONNAIRE

Natural Mother's Information:

Full Legal Name
Address County
Phone
Date of Birth
Place of Birth
Eye color
Hair color
Complexion
Height
Weight
Race
Nationality
Education: list school, location & years 1. 2. 3. 4. 5.
Religion: Denomination: Attendance:
Health
Hobbies

Natural Father's Information:

Full Legal Name
Address County
Phone
Date of Birth
Place of Birth
Eye color
Hair color
Complexion
Height
Weight
Race
Nationality
Education: list school, location & years 1. 2. 3. 4. 5.
Religion: Denomination: Attendance:
Health
Hobbies

Natural Mother's Information

Maiden name

ADOPTION QUESTIONNAIRE

Natural Mother's Employment:

Occupation
Employer
Employer's address
Income
Medical Benefits

Natural Father's Employment:

Occupation
Employer
Employer's address
Income
Medical Benefits

Present Marriage

Date:
Place:
Officiant:

Present Marriage

Date:
Place:
Officiant:

Home

Type of house:	# rooms:
Size of grounds:	
If a rental, monthly payment \$	
If owned, value \$	
mortgage balance \$	
Others in home: name, age, relationship	

Home

Type of house:	# rooms:
Size of grounds:	
If a rental, monthly payment \$	
If owned, value \$	
mortgage balance \$	
Others in home: name, age, relationship	

Natural Mother's Prior Marriage

Date:
Place:
Officiant:
Date of Divorce:
Place of Divorce:
Name of judge:
Date of spouse's death:

Natural Father's Prior Marriage:

Date:
Place:
Officiant:
Date of Divorce:
Place of Divorce:
Name of Judge:
Date of spouse's death:

ADOPTION QUESTIONNAIRE

Adoptee Information:

Present full legal name
Full legal name after adoption
Date of birth
Time of birth
Place of birth – city, county, and state
Attach copy of birth certificate
Address
Length of time in months that adoptee has resided with adopting parents

Prior Court Cases involving Adoptee or Adoptee's family:

Nature of case (divorce, adoption, support, guardianship, paternity, juvenile, etc.) 1. 2. 3.
Name of child involved: 1. 2. 3.
County and name of Judge: 1. 2. 3.
File number for each case: 1. 2. 3.

For All Step-Parent Adoptions

Will the other parent consent to the adoption?
If there is an order in effect for child support: What is the monthly amount? What is the amount of the arrearage? What payments were made in the last two years? Specify tax intercepts.
Attach a Friend of the Court print out If no child support order is in effect, what support payments were made in the last two years? Specify tax intercepts.
List all gifts from the other parent in the last 2 years
List all contacts the other parent has had with adoptee (in person, phone, letter) in the last 2 years
If you do not know where the other parent is, list all persons you have contacted and efforts you have made to locate parent for due diligence affidavit