

ADOPTION QUESTIONNAIRE

DATE _____

PERSONAL INFORMATION

NAME _____ PHONE # _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE OF BIRTH _____ **ARE YOU MARRIED?** _____

DOES SPOUSE AGREE WITH ADOPTION? _____

NAME OF SPOUSE _____ DATE OF BIRTH _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY, STATE, ZIP _____

ADOPTEE'S INFORMATION

NAME _____ DATE OF BIRTH _____

PLACE OF BIRTH _____ **IS ADOPTEE 17 YEARS OR OLDER?** _____

IS ADOPTEE PARENT ON BIRTH CERTIFICATE? _____

IS ADOPTEE RELATED TO YOU? _____ **RELATION** _____

WHEN WAS THE BIOLOGICAL FATHER/PARENTS' LAST CONTACT _____

NAME OF BIOLOGICAL PARENTS _____

ADDRESS _____ **CITY, STATE, ZIPCODE** _____

INFORMATION REGARDING ADOPTION

Are the biological parents in agreement with this adoption?

If yes, please provide letter from each parent saying they approve this adoption. If they are not in agreement or unable to consent via letter, please explain why:

ARE THERE ANY OTHER DETAILS YOU FEEL THE ATTORNEY SHOULD KNOW?