



Adoption Intake Form

Biological Mother

Name: _____
first middle last any other legal name used

Address: _____
street city/state zip

County of Residence: _____ DOB: _____ SS#: _____
mm/dd/yyyy

Phone: _____ Email: _____
home cell work

Marital Status at time of child's conception: Single Divorced Separated (not legally divorced)
Widowed Other, please explain _____

Biological Father

Name: _____
first middle last any other legal name used

Address: _____
street city/state zip

County of Residence: _____ DOB: _____ SS#: _____
mm/dd/yyyy

Phone: _____ Email _____
home cell work

Children to be Adopted

Child's Name	Date of Birth	Sex of Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sibling Information List any siblings (step or half, of the child being adopted, and what the relationship is):

Sibling's Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____



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IMPORTANT NOTE: PLEASE PROVIDE THE FOLLOWING DOCUMENTS:

- 1) An original birth certificate for each child being adopted (an original or certified copy for the state has to be filed with the adoption paperwork).
- 2) Copy of the marriage license of the parents who are adopting the child(ren), if applicable.
- 3) Copy of divorce decree between biological parents, if applicable.
- 4) Court documents, including any support orders and/or documents from DFCS that pertain to the adoption, such as surrender of parental rights, etc.
- 5) Copy of adoptive parent's photo ID (driver license or passport)

How were you referred to us?

Referral from _____

Legal Insurance (if applicable): ARAG CLC Hyatt Legal Other _____

Plan Member Name: _____ Plan Member ID or SS#: _____

Tradebank (if applicable): Name on card _____ Membership # _____