

**ADOPTION INTAKE – BIRTH PARENT(S)**

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| **BIRTH MOTHER** | |
| *Please provide your full legal name as it appears on your driver's license and other IDs* | |
| First Name(s) |  |
| Middle Name(s) |  |
| Last Name(s) (& Suffix) |  |
| *Please provide your full name as it currently appears on your birth certificate, if different than above.* | |
| First Name(s) |  |
| Middle Name(s) |  |
| Last Name(s) (& Suffix) |  |
| Home Address (incl. Apt#) |  |
| City |  |
| County or Parish |  |
| State (or Country if not USA) |  |
| Zip Code |  |
| Primary Phone (specify cell/home/work) |  |
| Email Address |  |
| Date of Birth |  |
| Social Security number |  |
| Race/Ethnicity |  |
| Do you have native/tribal heritage? |  |
| Are you currently in the military? |  |
| Are you currently married? |  |
| Are you currently living with a man? |  |

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| **BIRTH FATHER** | |
| *Please provide his full legal name as it appears on his driver's license and other IDs* | |
| First Name(s) |  |
| Middle Name(s) |  |
| Last Name(s) (& Suffix) |  |
| Home Address (incl. Apt#) |  |
| City |  |
| County or Parish |  |
| State (or Country if not USA) |  |
| Zip Code |  |
| Primary Phone (specify cell/home/work) |  |
| Email Address |  |
| Date of Birth |  |
| Race/Ethnicity |  |
| Social Security number |  |
| Is he aware of the pregnancy/child(ren)? |  |
| Is he aware of your intentions to place the child(ren) for adoption? |  |
| Does he consent to the adoption? |  |
| Has he/does he intend to place his name on the child(ren)'s birth certificate(s)? |  |
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| *Relationship information* | |
| Are you still together? |  |
| Does the birth father live with you? |  |
| Is the birth father your legal husband? |  |
| Date of Marriage, if applicable |  |
| City & State of Marriage, if applicable |  |

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| **OTHER PERSON WHOSE PARENTAL RIGHTS MUST BE TERMINATED** | |
| *If you have a spouse or live-in partner, or had one at some point during the pregnancy, but this person is NOT the birth father of the child, please provide his or her information below* | |
| First Name(s) |  |
| Middle Name(s) |  |
| Last Name(s) (& Suffix) |  |
| Home Address (incl. Apt#) |  |
| City |  |
| State (or Country if not USA) |  |
| Zip Code |  |
| Primary Phone (specify cell/home/work) |  |
| Email Address |  |
| Date of Birth |  |
| Gender |  |
| Social Security number |  |
| Is this person willing to sign the appropriate paperwork to relinquish any parental rights he or she might have? |  |
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| *Relationship information* | |
| Are you still together? |  |
| Does this person live with you? |  |
| Is this person you legal spouse? |  |
| Date of Marriage, if applicable |  |
| City & State of Marriage, if applicable |  |

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| **CHILD #1's INFORMATION** | | |
| *If already born, provide the child's full legal name as currently appears on his or her birth certificate:* | | |
| First Name(s) |  | |
| Middle Name(s) |  | |
| Last Name(s) (& Suffix) |  | |
|  |  | |
| Due Date or Date of Birth |  | [\_\_] Expected [\_\_] Actual |
| Hospital of Birth |  | [\_\_] Expected [\_\_] Actual |
| Hospital Address |  | |
| Hospital City, State, Zip |  | |
| Race/Ethnicity |  | |
| Gender, if known |  | |

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| **CHILD #2's INFORMATION** | | |
| *If already born, provide the child's full legal name as currently appears on his or her birth certificate:* | | |
| First Name(s) |  | |
| Middle Name(s) |  | |
| Last Name(s) (& Suffix) |  | |
|  |  | |
| Due Date or Date of Birth |  | [\_\_] Expected [\_\_] Actual |
| Hospital of Birth |  | [\_\_] Expected [\_\_] Actual |
| Hospital Address |  | |
| Hospital City, State, Zip |  | |
| Race/Ethnicity |  | |
| Gender, if known |  | |

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| **ADOPTIVE FAMILY TYPES YOU ARE WILLING TO CONSIDER** |
| [\_\_] Single parent, female [\_\_] Parent(s) share same racial/ethnic makeup as child(ren)  [\_\_] Single parent, male [\_\_] Parent(s) are of different racial/ethnic makeup  [\_\_] Couple, male/female  [\_\_] Couple, male/male [\_\_] Parent(s) currently childless  [\_\_] Couple, female/female [\_\_] Parent(s) currently have one or more other children |