**ADOPTION BY A RELATIVE**

**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:**

* A driver’s license, passport, or other photo ID (for each parent)
* Your marriage certificate, if you are married to each other
* Birth certificate(s) for the child(ren)

**Describe how you are related to the Child(ren):**

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| **DEMOGRAPHIC INFO** | ***RELATIVE ADOPTING*** | ***Spouse/Partner Adopting, if applicable*** |
|  | ***Please provide your full legal name as it appears on your IDs*** |
| First Name(s): |  |  |
| Middle Name(s): |  |  |
| Last Name(s) (& Suffix): |  |  |
| Date of birth: |  |  |
| State (or Country, if not US) where you were born |  |  |
| Social Security Number |  |  |
| Gender |  |  |
| Race / Ethnicity |  |  |
| Are you currently serving in the military? |  |  |
| Are you a member of a Native American tribe? (If yes, please describe) |  |  |
| ***Please provide your name as it appears on your birth certificate in the spaces below, if that name is different than what you listed above.*** *In most states, when preparing birth certificates for your child, the Vital Records office will want to list your name as it appears on your birth certificate.* ***That means that if you have changed your name due to marriage, your adopted child’s birth certificate will list your name as it appears on your own birth certificate, rather than your current legal name.*** *If you have legally changed your name through a court proceeding (NOT through marriage), and would like your new legal name to appear on your child’s birth certificate, you will have to make sure you have updated your OWN birth certificate to reflect your court-ordered name change.* ***Please provide a copy of your updated birth certificate.*** |
| First Name(s): |  |  |
| Middle Name(s): |  |  |
| Last Name(s) (& Suffix): |  |  |

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| **CONTACT INFO** | ***RELATIVE ADOPTING*** | ***Spouse/Partner Adopting, if applicable*** |
|  | ***If you both live at the same address, you can leave the right column blank, but please fill in “Month & year moved in” if it’s not the same for you both*** |
| Home Address: |  |  |
| Apartment/Suite (if any): |  |  |
| City or Town: |  |  |
| County or Parish: |  |  |
| State: |  |  |
| Zip Code: |  |  |
| Month & year moved in: |  |  |
|  | ***Please list your phone number(s), in order of preference:*** |
| Primary Phone: |  |  |
| Alternate Phone: |  |  |
| 2nd Alternate, if any: |  |  |
| Email: |  |  |

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| **EMPLOYMENT INFO** | ***RELATIVE ADOPTING*** | ***Spouse/Partner Adopting, if applicable*** |
| Current job title/position: |  |  |
| Employer Name: |  |  |
| City & State: |  |  |
| Month & year hired: |  |  |
| Approximate salary: |  |  |

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| **RELATIONSHIP INFO (if applicable)** |
| Month/year your relationship began: |  |
| ***IF YOU ARE LEGALLY MARRIED,*** Date, city & state where marriage took place: |  |
| ***IF YOU ARE NO LONGER TOGETHER,*** Month/year your relationship ended: |  |

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| **CHILD #1’s INFORMATION** |
| First Name(s): |  |
| Middle Name(s): |  |
| Last Name(s) (& Suffix): |  |
| Date of birth (or due date if not yet born): |  |
| Gender: |  |
| Name & City of Hospital where born: |  |
|  | ***If you’d like to change the child’s name as part of the adoption***  |
| New First Name(s) after adoption: |  |
| New Middle Name(s) after adoption: |  |
| New Last Name(s) (& Suffix) after adoption: |  |
| **CHILD #2’s INFORMATION (if applicable)** |
| First Name(s): |  |
| Middle Name(s): |  |
| Last Name(s) (& Suffix): |  |
| Date of birth (or due date if not yet born): |  |
| Gender: |  |
| Name & City of Hospital where born: |  |
|  | ***If you’d like to change the child’s name as part of the adoption***  |
| New First Name(s) after adoption: |  |
| New Middle Name(s) after adoption: |  |
| New Last Name(s) (& Suffix) after adoption: |  |
| **CHILD #3’s INFORMATION (if applicable)** |
| First Name(s): |  |
| Middle Name(s): |  |
| Last Name(s) (& Suffix): |  |
| Date of birth (or due date if not yet born): |  |
| Gender: |  |
|  | ***If you’d like to change the child’s name as part of the adoption***  |
| New First Name(s) after adoption: |  |
| New Middle Name(s) after adoption: |  |
| New Last Name(s) (& Suffix) after adoption: |  |
| **PRIOR ADDRESSES FOR THE CHILD(REN)** |
| ***Florida law requires that we file an affidavit that lists every home where the child(ren) being adopted have lived since birth. Please provide the address and the dates the child(ren) resided there, and if you are adopting more than one child, please specify which of child(ren) resided at that address. (You can leave that line blank otherwise.)*** |
| **Home #1** Address, including apartment: |  |
| City, State Zip: |  |
| Dates of residence (provide month/year): | From: / To: / |
| Child(ren) that lived here (if applicable): |  |
| Parent(s)/Guardian(s) that lived with the child(ren) in this home: |  |
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| **Home #2** Address, including apartment: |  |
| City, State Zip: |  |
| Dates of residence (provide month/year): | From: / To: / |
| Child(ren) that lived here (if applicable): |  |
| Parent(s)/Guardian(s) that lived with the child(ren) in this home: |  |
|  |
| **Home #3** Address, including apartment: |  |
| City, State Zip: |  |
| Dates of residence (provide month/year): | From: / To: / |
| Child(ren) that lived here (if applicable): |  |
| Parent(s)/Guardian(s) that lived with the child(ren) in this home: |  |
|  |
| **Home #4** Address, including apartment: |  |
| City, State Zip: |  |
| Dates of residence (provide month/year): | From: / To: / |
| Child(ren) that lived here (if applicable): |  |
| Parent(s)/Guardian(s) that lived with the child(ren) in this home: |  |
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| **Home #5** Address, including apartment: |  |
| City, State Zip: |  |
| Dates of residence (provide month/year): | From: / To: / |
| Child(ren) that lived here (if applicable): |  |
| Parent(s)/Guardian(s) that lived with the child(ren) in this home: |  |

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| **BIRTH PARENT(S) INFORMATION** |
| **Please check any and all statements that apply:**[\_\_] Birth mother is living, and will consent to the adoption. (Please provide her info below.)[\_\_] Birth mother is deceased. (Please provide a copy of her death certificate.)[\_\_] Birth mother is living, and her parental rights have been terminated. (Provide court order.)[\_\_] Birth father is unknown.[\_\_] Birth father is known, and living, and will consent to the adoption. (Provide his info below.)[\_\_] Birth father is deceased. (Please provide a copy of his death certificate.)[\_\_] Birth father is living, and his parental rights have been terminated. (Provide court order.) |

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|  | ***BIRTH MOTHER*** | ***BIRTH FATHER*** |
|  | ***Please provide their current full legal name*** |
| First Name(s): |  |  |
| Middle Name(s): |  |  |
| Last Name(s) (& Suffix): |  |  |
| Date of birth: |  |  |
| Race/Ethnicity |  |  |
| Are they currently serving in the military? |  |  |
| Are they a member of a Native American tribe? (If yes, please describe) |  |  |
|  | ***Please provide their name as it appears on their birth certificate, if different from above.*** |
| First Name(s): |  |  |
| Middle Name(s): |  |  |
| Last Name(s) (& Suffix): |  |  |

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| **REVIEW AND ACKNOWLEDGEMENT BY PROSPECTIVE ADOPTIVE PARENT(S)** |
| *By entering my/our initials below, I/we confirm that the information that I/we have provided herein is accurate and complete, to the best of my/our knowledge and ability. I/We acknowledge that Elizabeth F. Schwartz, PA will rely on the accuracy of the information provided above, and the firm will not be responsible for any delays or costs associated with correcting errors in court documents or vital records caused by inaccurate information provided above.*  |
| INITIALS OF RELATIVE ADOPTING:  | INITIALS OF SPOUSE/PARTNER ADOPTING, IF APPLICABLE:  |