



**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? \_\_\_\_\_

ARE ADOPTEE PARENTS ON BIRTH CERTIFICATE? \_\_\_\_\_

IS ADOPTEE RELATED TO YOU? \_\_\_\_\_ RELATION \_\_\_\_\_

WHEN WAS THE BIOLOGICAL FATHER/PARENTS' LAST CONTACT \_\_\_\_\_

NAME OF BIOLOGICAL MOTHER \_\_\_\_\_

NAME OF BIOLOGICAL FATHER \_\_\_\_\_

BIOLOGICAL MOTHER'S ADDRESS \_\_\_\_\_

BIOLOGICAL FATHER'S ADDRESS \_\_\_\_\_

**ADDITIONAL ADOPTEE'S INFORMATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ IS ADOPTEE 17 YEARS OR OLDER? \_\_\_\_\_

ARE ADOPTEE PARENTS ON BIRTH CERTIFICATE? \_\_\_\_\_

IS ADOPTEE RELATED TO YOU? \_\_\_\_\_ RELATION \_\_\_\_\_

WHEN WAS THE BIOLOGICAL FATHER/PARENTS' LAST CONTACT \_\_\_\_\_

NAME OF BIOLOGICAL MOTHER \_\_\_\_\_

NAME OF BIOLOGICAL FATHER \_\_\_\_\_

BIOLOGICAL MOTHER'S ADDRESS \_\_\_\_\_

BIOLOGICAL FATHER'S ADDRESS \_\_\_\_\_

**ADDITIONAL ADOPTEE'S INFORMATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ IS ADOPTEE 17 YEARS OR OLDER? \_\_\_\_\_

ARE ADOPTEE PARENTS ON BIRTH CERTIFICATE? \_\_\_\_\_

IS ADOPTEE RELATED TO YOU? \_\_\_\_\_ RELATION \_\_\_\_\_

WHEN WAS THE BIOLOGICAL FATHER/PARENTS' LAST CONTACT \_\_\_\_\_

NAME OF BIOLOGICAL MOTHER \_\_\_\_\_

NAME OF BIOLOGICAL FATHER \_\_\_\_\_

BIOLOGICAL MOTHER'S ADDRESS \_\_\_\_\_

BIOLOGICAL FATHER'S ADDRESS \_\_\_\_\_

**ADDITIONAL ADOPTEE'S INFORMATION**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ IS ADOPTEE 17 YEARS OR OLDER? \_\_\_\_\_

ARE ADOPTEE PARENTS ON BIRTH CERTIFICATE? \_\_\_\_\_

IS ADOPTEE RELATED TO YOU? \_\_\_\_\_ RELATION \_\_\_\_\_

WHEN WAS THE BIOLOGICAL FATHER/PARENTS' LAST CONTACT \_\_\_\_\_

NAME OF BIOLOGICAL MOTHER \_\_\_\_\_

NAME OF BIOLOGICAL FATHER \_\_\_\_\_

BIOLOGICAL MOTHER'S ADDRESS \_\_\_\_\_

BIOLOGICAL FATHER'S ADDRESS \_\_\_\_\_

**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:

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