

ADOPTION QUESTIONNAIRE

PLEASE ANSWER THESE QUESTIONS ABOUT THE **ADOPTING PARENTS**:

Full Name of Mother

Full Name of Father

Address

Address

City, State, Zip

City, State, Zip

County

County

Date & Place of Birth

Date & Place of Birth

Maiden Name & Other Names

Other Names

Social Security Number

Social Security Number

Driver's License Number

Driver's License Number

Relationship to Adoptee

Relationship to Adoptee

Phone Numbers (cell or home)

Phone Numbers (cell or home)

Email

Email

Date & Place of Wedding (City, State)

Date & Place of Wedding (City, State)

Place of Employment

Place of Employment

Address of Employment and phone

Address of Employment and phone

PLEASE ANSWER THESE QUESTIONS ABOUT
BOTH BIOLOGICAL/LEGAL PARENTS:

Full Name of Mother

Full Name of Father

Address

Address

City, State, Zip

City, State, Zip

County

Email

County

Email

Phone Numbers

Phone Numbers

Email and social media accounts

Email and social media accounts

Date & Place of Birth

Date and Place of Birth

Maiden Name & Other Names

Other Names

Social Security Number

Social Security Number

Driver's License Number

Driver's License Number

American Indian Heritage? _____
(Tribe) _____

American Indian Heritage? _____
(Tribe) _____

Ever married? _____

Ever married? _____

If yes, wedding date: _____

If yes, wedding date: _____

If divorced, divorce date: _____

If divorced, divorce date: _____

Will the mother consent? _____

Will the father consent? _____

If the address or identity of the biological/legal mother or father is unknown, please summarize all efforts that have been made to identify or to locate that parent:

PLEASE ANSWER THESE QUESTIONS ABOUT THE **ADOPTEE**. (If there is more than one child, please use a separate sheet for each adoptee.)

_____ <u>M</u> <u>F</u>	
Full Name _____	Sex _____
	Number of months Adoptee has lived with Adopting Parent(s): _____

City, County and State of Birth _____	Will Adoptee's name be changed? _____
	If name is to be changed, please state: _____

Birth Date, Time, and Name of Hospital _____	First _____
_____	Middle _____
Social Security Number _____	Last _____

Present Address _____	
Has there been any court action involving any family members? _____ Court: _____;	
Case No. _____; Assigned to Judge _____.	
Court appointed guardian: _____	
Name _____	

PLEASE ALSO PROVIDE THESE DOCUMENTS, IF AVAILABLE:

1. Certified Birth Certificate of Adoptee;
2. Photocopy of Marriage Certificate of Adoptive Parents;
3. Signed statement from adopting parents as to why you want to adopt and that you understand adoptions are permanent;
4. Home Study; and
5. A photo of your family and the child (if available);

QUESTIONS FOR ATTORNEY:

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