



Demas Schaefer

FAMILY LAWYERS

Adoption Questionnaire

Applicant full names: _____

Full mailing address: _____

Applicant's telephone number: _____

Applicant's employment information:

Name of employer: _____

Job Title: _____

Length of employment: _____

Are you married? If so, please provide marriage date and location

Marriage date: _____ Location: _____

Do you have a copy of your marriage certificate? Yes No

Do you have your birth certificate? Yes No

Where you previously married and divorced or widowed? If so, please provide details regarding the same, including full names of any previous spouses.

What is the child's full legal name?

What do you wish the child's name to be AFTER the adoption is granted?

What is the child's birth date? _____

How long has the child been in your care?

Please describe how the child came to be in your care:

Have there ever been any Court proceedings regarding the child? If so, do you have copies of the same?

What are the full names of the biological parents? Where are the biological parents now?

Biological Mother's full name: _____

Biological Mother's current location: _____

Biological Father's full name: _____

Biological Father's current location: _____

When did the biological parents last have contact with the child? Have the biological parents ever paid child support for the child?

Biological Mother: _____

Biological Father: _____

Do you have any other children? If so, please list their names and birth dates.

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

Please tell us about the child. What are they like, what do they like to do and what types of activities do you enjoy as a family?
