

QUESTIONNAIRE FOR ADOPTION

PART I INFORMATION ABOUT CHILD (To Identify Original Birth Certificate)

| | | | | |
|------------------------------------|-----------------------|----------------------------|-------------------------------------|-----|
| Full Name of Child at Birth | | | Birth Certificate Number (If Known) | |
| First | Middle | Last | | |
| Place of Birth | City-Town or Location | State and country of Birth | Date of Birth | Sex |
| Full Maiden Name of NATURAL Mother | | | Race | |
| First | Middle | Last | | |
| Full Name of LEGAL Father | | | Race | |
| First | Middle | Last | | |

PART II INFORMATION AFTER ADOPTION (For New Birth Certificate)

| | | | | |
|---|---|---|--------|--|
| Full Name of Child After Adoption | | | Race | |
| First | Middle | Last | | |
| FATHER – Full Name | | First | Middle | Last |
| | | | | Race |
| Father’s State of Birth (If not in U.S.A. name country) | | Father’s Date of Birth | | Father (Check one) Adoptive <input type="checkbox"/> Natural <input type="checkbox"/> |
| MOTHER – Maiden Last Name | Mother’s Legal Name | First | Middle | Last |
| | | | | Race |
| Mother’s Date of Birth | Mother State of Birth (If not in U.S.A. name country) | Mother’s; Usual Residence --State | | |
| Mother’s Residence – County | Mother’s Residence – City or Town and Zip Code | | | |
| Mother’s Residence – Street Address (If rural, give location) | | Mother’s Residence – inside City Limits (Specify Yes or No) | | Mother (Check one) Adoptive <input type="checkbox"/> Natural <input type="checkbox"/> |
| Mailing Address of Adoptive Parents | | | | |

MORE INFORMATION

| | |
|---|---|
| Full Name and Address of the Petitioner or Petitioners | |
| Home Phone number of Petitioner | Work or Cell Phone number of Petitioner |
| DOB of Petitioner or Petitioners | |
| Date of Marriage of the Petitioner to the natural parent of the child | County and State of Marriage of Petitioner to the natural parent of child |
| Proof of custody of child: need copy of Order such as Final Decree | |
| Full Name and Address of the Legal Father, phone number | |
| Full Name and Address of the Natural Mother, phone number | |
| | |

OFFICE USE ONLY IN THIS BOX

Return to: Damon Q. Smith, 126 E. Tennessee St., Florence, AL 35630, Ph 256-718-2311 or FAX 256-718-2377