

RAYMOND W. GODWIN

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PRACTICE AREA LIMITED TO ADOPTION & CHILDREN'S LAW

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ADOPTIVE PARENT INTAKE FORM: Matched with Birth Mother

Date: _____

CLIENT INFORMATION

** Please list wife's name as it should appear on legal documents and vital records forms*

Husband's Legal Name: First _____ Middle _____ Last _____

Wife's Legal Name: First _____ Middle _____ Last _____

Wife's Maiden Name: First _____ Middle _____ Last _____

Marriage Date: _____ City: _____ State: _____

Contact

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____

Home Phone: _____ Fax: _____ Call first?

Business: (His) _____ Cell: (His) _____

Business: (Hers) _____ Cell: (Hers) _____

Children *(If more than 4, please list under Additional Notes at the end of this form)*

Name	Date of Birth	Race	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

General Information

	Adoptive Father	Adoptive Mother
Date/Place of Birth	/	/
Height & Weight	_____	_____
Hair & Eye Color	_____	_____
Number of Previous Marriages	_____	_____
Religion	_____	_____
Race	_____	_____
Hobbies/Interests:	_____	_____
Last Grade/Degree Completed	_____	_____
Occupation & Type of Industry*	_____	_____
Annual Salary	_____	_____

* Example: project manager, manufacturing

ADOPTIVE PARENT INTAKE FORM: Matched with Birth Mother

Have you read any books on adoption or attended any seminars? If so, please explain:

If you adopt a child, do you plan to work outside the home after the adoption? If so, what are your plans for childcare?

BIRTH MOTHER INFORMATION

Legal name of birth mother: _____ Maiden name: _____

Relationship to you: _____

Birth mother's address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Race: _____

Birth mother's phone number: _____

Due Date (if applicable): _____ Hospital: _____

Is birth mother married to birth father? _____

BIRTH FATHER INFORMATION

Legal name of birth father: _____

Relationship to you: _____

Birth father's address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Race: _____

Birth father's phone number: _____

CHILD(REN) TO BE ADOPTED INFORMATION (if already born)

First Child

Birth Name: _____ DOB: _____ Race: _____

Place of Birth: Hospital _____

City _____ County _____ State _____

Date of Placement: _____ City _____ State _____

Name as you wish it to appear on amended birth certificate: _____

ADOPTIVE PARENT INTAKE FORM: Matched with Birth Mother

Second Child

Birth Name: _____ DOB: _____ Race: _____
Place of Birth: *Hospital* _____
City _____ *County* _____ *State* _____
Date of Placement: _____ *City* _____ *State* _____
Name as you wish it to appear on amended birth certificate: _____

Third Child

Birth Name: _____ DOB: _____ Race: _____
Place of Birth: *Hospital* _____
City _____ *County* _____ *State* _____
Date of Placement: _____ *City* _____ *State* _____
Name as you wish it to appear on amended birth certificate: _____

How did you hear about our office and why have you chosen to retain us?

Additional Notes

We hereby give our permission for Raymond W. Godwin, Esq. to use any photos that we send him or his office for use on his website, pamphlets, booklets, or published material.

Digital Signature _____



to attach the completed Intake Form
to an email and send to our office via email at
assistant@scadopt.net