

# RAYMOND W. GODWIN

Attorney at Law, PC

PRACTICE AREA LIMITED TO ADOPTION & CHILDREN'S LAW

PO Box 354, Greenville, SC 29602  
Phone: 864.241.2883 | Fax: 864.255.4342  
www.scadopt.net

## FAMILY ADOPTION FORM

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 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

# FAMILY ADOPTION FORM

## Home Study

Do you have a current Home Study? *(Completed within the last 9 months)* \_\_\_\_\_  
Completed by: \_\_\_\_\_ Are you willing to travel to another state? \_\_\_\_\_

## BIRTH MOTHER INFORMATION

Legal name of birth mother: \_\_\_\_\_ Maiden: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Birth mother's phone number: \_\_\_\_\_  
Birth mother's address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Due Date *(if applicable)*: \_\_\_\_\_ Hospital: \_\_\_\_\_  
Is birth mother married to birth father? \_\_\_\_\_

## BIRTH FATHER INFORMATION

Legal name of birth father: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Birth Father's phone number: \_\_\_\_\_  
Birth Father's address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## ADDITIONAL INFORMATION

Why do you wish to adopt?

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

# FAMILY ADOPTION FORM

How soon do you hope to complete an adoption?

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

## CHILD(REN) TO BE ADOPTED INFORMATION

### First Child

Full Birth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: *Hospital* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

### Second Child

Full Birth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: *Hospital* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

### Third Child

Full Birth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_

Place of Birth: *Hospital* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

## Additional Notes

## FAMILY ADOPTION FORM

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

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** \_\_\_\_\_

[CLICK HERE](#)

to attach the completed Intake Form  
to an email and send to our office via email at  
[assistant@scadopt.net](mailto:assistant@scadopt.net)