



Date:

Adoptive Parent Intake Form: Matched with Birth Mother

Husband's Legal Name *(Please list full name — first, middle & last — as it appears on legal documents & vital record forms)*

Wife's Legal Name *(Please list full name — first, middle & last — as it appears on legal documents & vital record forms)*

Wife's Maiden Name *(Please list full maiden name — first, middle & last — as it appears on legal documents & vital record forms)*

Marriage Date City State

Home Address

City State Zip County

Home Phone Fax Who should we call first?
Husband Wife

Cell *(his)* Cell *(hers)* Business *(his)* Business *(hers)*

Email *(his)* Email *(hers)*

Children

Name Date of Birth Race Relationship

(If more than 5, please list under additional notes section at the end of this form)

Family Information

Adoptive Father

Adoptive Mother

Date of Birth

Place of Birth

Height

Weight

Hair Color

Eye Color

Number of Previous Marriages

Religion

Race

Last Grade or Degree Completed

Occupation

Occupational Industry

Annual Salary

Hobbies & Interests

Additional Information

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?

Please list any additional languages you speak:

How did you get matched?

Information of Child(ren) to be Adopted

CHILD 1: Full Birth Name

Date of birth

Gender

Race

Place of Birth: Hospital Address

Hospital City

State

Zip

County

Date of Placement

City

State

Name as you wish it to appear on amended birth certificate

.....

CHILD 2: Full Birth Name

Date of birth

Gender

Race

Place of Birth: Hospital Address

Hospital City

State

Zip

County

Date of Placement

City

State

Name as you wish it to appear on amended birth certificate

.....

CHILD 3: Full Birth Name

Date of birth

Gender

Race

Place of Birth: Hospital Address

Hospital City State Zip County

Date of Placement City State

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

Birth Mother Information

Birth Mother's Legal Name *(Please list full name — first, middle & last — as it appears on legal documents & vital record forms)*

Birth Mother's Maiden Name *(Please list full maiden name — first, middle & last — as it appears on legal documents & vital record forms)*

Relationship to You

Birth Mother's Address

City State Zip County

Phone Number Date of Birth Race

Due Date Hospital Is birth mother married to birth father?
Yes No

Birth Father Information

Birth Father's Legal Name *(Please list full name — first, middle & last — as it appears on legal documents & vital record forms)*

Relationship to You

Birth Father's Address

City State Zip County

Phone Number Date of Birth Race

How did you hear about our office?

Any 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.

We agree

We disagree

Please save your completed intake form and email it as an attachment to our office at **assistant@scadopt.net**.