

Adoptive Step-Parent Intake Form

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 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)



Date:

Family Information					
	Adoptive Father	Adoptive Moth	ner		
Date of Birth					
Place of Birth					
Race					
Occupation					
Please list any additional languages that either of you speak:					

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 Conception	Place of Conception: C	City	State
Name as you wish it to appear on amended bir	th certificate:	For vital bio records, w	hat is the mother's maiden name?
CHILD 2: Full Birth Name			
Date of Birth	Gender		Race
Place of Birth: Hospital Address			
Hospital City	State	Zip	County
Date of Conception	Place of Conception: O	City	State
Name as you wish it to appear on amended birth certificate:		For vital bio records, what is the mother's maiden name?	



Please Note:

You will need to bring a copy of the child's birth certificate and the divorce decree (if applicable).

Birth Mother/Father Information							
Legal Name (Please list full name — first, middle & last — as it appears on legal documents & vital record forms)							
Maiden Name (if applicable, please list full maiden name — first, middle & last — as it appears on legal documents & vital record forms)							
Phone Number	Date of Birth	Place of Birth (State)	Race				
Last Known Address							
City	State	Zip					
Amount of visitation in the last 3 ye	ears:	Amount of child support paid in t	he last 3 years				
Were you married to the biological Yes No	father/mother?	If so, what was the marriage date?					
Divorce Date	County where finalized	d State					



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**.

