

Date:

## Adoptive Parent Intake Form: Matched with Birth Mother

Husband's Legal Name

Wife's Legal Name *(Please list wife's name as it should appear on legal documents & vital record forms)*

Wife's Maiden Name

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
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*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 &amp; 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: Birth Name

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: Birth Name

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: Birth Name

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

Birth Mother's Maiden Name

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

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

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