

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
------	---------------	------	--------------

*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

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).*