

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

Do you have a current Home Study (*completed within the last 9 months*)? Completed by:

Why do you wish to adopt?

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

How soon do you hope to complete an adoption?

If you adopt a child, will both parents work outside the home? If so, what are your plans for childcare?

Please list any additional languages that you speak:

Are you willing to travel to another state?

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

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

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

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

Please Note:

You will need to bring a copy of the child's birth certificate or any custody/DSS orders (if applicable).

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

Phone Number

Date of Birth

Social Security Number

Race

Last Known Address

City

State

Zip

Due Date (if applicable)

Hospital

Date of Conception

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

Phone Number

Date of Birth

Social Security Number

Race

Last Known Address

City

State

Zip

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.