



TODAY'S DATE: _____

TERMINATION/ADOPTION INTAKE FORM

ABOUT ADOPTING MOTHER (if applicable)				
First Name	Middle Name	Last Name	Suffix	Date of Birth
Home Phone:	Work Phone:	Cell Phone:	Fax:	Other:
Email:		Driver's License #	Issuing State:	Social Security Number
Usual Residence	Street Name and Number	City	State	Zip
Employer Name	Street Name and Number	City	State	Zip
Birth City:	Birth County:	Birth State:	Race:	
ABOUT ADOPTING FATHER (if applicable)				
First Name	Middle Name	Last Name	Suffix	Date of Birth
Home Phone:	Work Phone:	Cell Phone:	Fax:	Other:
Email:		Driver's License #	Issuing State:	Social Security Number
Usual Residence	Street Name and Number	City	State	Zip
Employer Name	Street Name and Number	City	State	Zip
Birth City:	Birth County:	Birth State:	Race:	

ABOUT BIOLOGICAL MOTHER

First Name	Middle Name	Last Name	Suffix	Date of Birth
Home Phone:	Work Phone:	Cell Phone:	Fax:	Other:
Email:		Driver's License #	Issuing State:	Social Security Number
Usual Residence	Street Name and Number	City	State	Zip
Employer Name	Street Name and Number	City	State	Zip
Birth City:	Birth County:	Birth State:	Race:	
If applicable, do you believe birth mother will relinquish her parental rights?				

ABOUT BIOLOGICAL FATHER

First Name	Middle Name	Last Name	Suffix	Date of Birth
Home Phone:	Work Phone:	Cell Phone:	Fax:	Other:
Email:		Driver's License #	Issuing State:	Social Security Number
Usual Residence	Street Name and Number	City	State	Zip
Employer Name	Street Name and Number	City	State	Zip
Birth City:	Birth County:	Birth State:	Race:	
If applicable, do you believe birth father will relinquish his parental rights?				
Was birth mother ever married to the alleged father of the child?		Was birth mother married to someone other than the alleged father of the child?		
Are there Court orders pertaining to the child(ren) to be adopted? If so, please explain.				

ABOUT CHILDREN

First Name	Middle Name	Last Name	Suffix	Date of Birth
New name of child after adoption (please print):			Social Security Number	Sex
th Place City Bir		County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
New name of child after adoption (please print):			Social Security Number	Sex
th Place City Bir		County	State	
First Name	Middle Name	Last Name	Suffix	Date of Birth
New name of child after adoption (please print):			Social Security Number	Sex
th Place City Bir		County	State	