

## Adoption Questionnaire

Stepparent Name: \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_ - Home  
( ) \_\_\_\_\_ - Work  
( ) \_\_\_\_\_ - Pager  
( ) \_\_\_\_\_ - Cellular  
( ) \_\_\_\_\_ - Fax  
\_\_\_\_\_ - E-mail address

Home Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_

Work Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Place of Birth \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Date of Marriage to Stepparent: \_\_\_\_\_  
Place of Marriage to Stepparent: \_\_\_\_\_

Biological Father's/Mother's Name: \_\_\_\_\_

Home Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_

Work Street Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Place of Birth \_\_\_\_\_

Child's Name and Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Address of Birth: \_\_\_\_\_