



**RAINA D. CORNELL
ATTORNEY AT LAW**

Today's Date: _____ Attorney: _____ Referred By: _____

Child:

Name of Child to be Adopted (first, middle, last): _____ Nickname used: _____
Name of Child After Adoption (first, middle, last): _____
D.O.B.: _____ Age: _____ SSN: _____ If child not born, Mother's due date: _____
Current Address: _____
Child's Birthplace: _____ Hospital: _____
Address of Child at Birth: _____
Relationship of child to you: _____
Child's Race: _____ Child's Sex: _____

Adoptive Parent(s) of Child:

Date of Marriage: _____ Place of Marriage: _____
Mother's Name (first, middle, last): _____ Maiden Name: _____
Any other names used (i.e. maiden name or prior marriages) _____
High School name, City, State, Year of Graduation, and your last name at graduation: _____

Eye color: _____ Hair color: _____ Height: _____ Weight: _____ Health: _____
Address: _____ Duration of Residence: _____
SSN: _____ Driver's License Number: _____
Home Telephone: _____ Work Telephone: _____ Cell Phone: _____
Email Address: _____ D.O.B.: _____ Birthplace: _____
Age: _____ Race: _____ Origin or Descent: _____ Of Hispanic Descent: (Y/N) _____
Education (highest grade completed): _____ Other School(s) attended: _____
Number of Previous Marriages (if any): _____ Residence Address on date of child's birth: _____

Father's Name (first, middle, last): _____
Any other names used _____
High School name, City, State, Year of Graduation, and your last name at graduation: _____

Eye color: _____ Hair color: _____ Height: _____ Weight: _____ Health: _____
Address: _____ Duration of Residence: _____
SSN: _____ Driver's License Number: _____
Home Telephone: _____ Work Telephone: _____ Cell Phone: _____
Email Address: _____ D.O.B.: _____ Birthplace: _____
Age: _____ Race: _____ Origin or Descent: _____ Of Hispanic Descent: (Y/N) _____
Education (highest grade completed): _____ Other School(s) attended: _____
Number of Previous Marriages (if any): _____

Your Child/Children:

Name Age D.O.B. S.S.N. Address & Telephone Number (if different) Of this marriage?
Yes/No

Your Parents:

Names Age Addresses & Telephone Number(s)

Please list five references who know you both well. (i.e. clergymen, physician):

Name Address Telephone Number

Employer Occupation Address Telephone Number Duration of Employment

Yearly Income(s): Husband: _____ Wife: _____

Do, either of you receive income from any other source? _____

If so, how much? _____

List any other members of your household, other than your children:

Name Age Occupation Relationship

Name of Bank/Financial Institution/Credit Union (ie. Checking, Savings, CD's)	Address	Account Number	Balance

Do you own or rent your home? _____

What is the monthly rent/mortgage? _____ If home is owned, what was purchase price? _____

Description of house (number of bedrooms, etc.): _____

Please list any family assets and value of same (IRA's, CD's, stocks, bonds, investments, etc.): _____

Please check if you are covered by any of the following types of insurance:

Health _____ Hospitalization _____ Life _____

Have either of you ever applied to adopt a child from any source previously? _____ Yes _____ No

If so, with whom, when and where? _____

What was the outcome? _____

Have either of you applied for a divorce within the past three years? _____ Yes _____ No

Have either of you ever been arrested for or convicted of any criminal offense other than a minor traffic violation? _____ Yes _____ No If yes, give details: _____

Have either been confined in a mental institution, psychiatric ward or under the care of a psychiatrist? Yes _____ No _____ If yes, give details: _____

Client's Previous Marriages:

Name of Spouse: _____

Date & Place of Marriage: _____

How Terminated: _____

Date & Place of Termination: _____

Name of Spouse: _____

Date & Place of Marriage: _____

How Terminated: _____

Date & Place of Termination: _____

Have either of you used any other names? When? Why? _____

Military Service:

Branch: _____ Dates: _____

Highest Rank: _____ Type/Discharge: _____

Service Honors: _____ Service Injuries: _____

Persons to Contact in Event of Emergency:

<u>Name</u>	<u>Address</u>	<u>Telephone No.:</u>	<u>Relationship</u>
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Birth Parent(s) of Child:

Mother's Name (first, middle, last): _____ D.O.B.: _____ Age: _____

Other names Mother known by: _____ Race: _____

Address: _____

Prior Addresses in last year: _____ SSN: _____

Home Telephone: _____ Work Phone: _____ Cell Phone: _____

Father's Name (first, middle, last): _____ Race: _____

Other names Father known by: _____ D.O.B.: _____ Age: _____

Address: _____ Race: _____

Prior Addresses in last year: _____ SSN: _____
Home Telephone: _____ Work Phone: _____ Cell Phone: _____

THIS PORTION TO BE COMPLETED BY ATTORNEY

Are there any financial arrangements concerning child?

_____ Attorney fees _____ Birthing expenses

Other: _____

Step-parent adoption:

Forgive child support arrearages(s): Yes/No

Amount: \$ _____

Date of last contact/financial support of natural parent: _____

Certified copy of birth certificate: _____

Does the child have any property? _____ Value: _____

If prior marriages attach copy of paperwork terminating marriage: _____

Pregnancy History:

(Note: Include only older children and pregnancies terminated prior to birth of child to be adopted.)

Live Births: _____ Number of now living: _____ Number now dead: _____

Other terminations (spontaneous and induced): _____

Before 20 weeks: _____ (Number) 20 weeks and after: _____ (Number)

Date of last birth: _____ (Month/Year) Date of last other termination: _____ (Month/Year)

** This information is required for issuance of child's new birth certificate.