

**ADOPTION**

DATE: \_\_\_\_\_

COUNTY: \_\_\_\_\_

HUSBAND'S Name \_\_\_\_\_

Name of Natural Mother \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

PHONE: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

County of Residence \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Cell Phone: \_\_\_\_\_

HUSBAND'S Date of Birth: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STATE of Birth: \_\_\_\_\_

RACE: \_\_\_\_\_ SSN: \_\_\_\_\_

RACE: \_\_\_\_\_ SSN: \_\_\_\_\_

Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Natural Father \_\_\_\_\_

Type of Business/Industry: \_\_\_\_\_

Street Address \_\_\_\_\_

WIFE: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Wife's Full Maiden Name: \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

County of Residence \_\_\_\_\_

Date Child Brought to SC: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_

Name of 1<sup>st</sup> child to be adopted: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of Attending Physician at birth: \_\_\_\_\_

Hospital, City & State where child was born: \_\_\_\_\_

Name of 2<sup>nd</sup> child to be adopted: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of Attending Physician at birth: \_\_\_\_\_

Hospital, City & State where child was born: \_\_\_\_\_

IS CHILD'S NAME TO BE CHANGED? \_\_\_\_\_ TO: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Guardian Ad Litem: \_\_\_\_\_

Petition & Order/Acceptance of Service of GAL done? \_\_\_\_\_

Home Study Done? \_\_\_\_\_