

Date: _____

MICHAEL N. VAPORIS
KATRINA M. KAYDEN
ALLISON B. GORDON
Attorneys at Law

Full Name of **Birth / Adoptive Parent 1**: _____

All other names used including maiden: _____

Address: _____
Street City State Zip

Mailing address (if different): _____

Telephone: Home: (____) _____ Cell: (____) _____

Work: (____) _____ Email: _____

Your employer: _____

Employer's address: _____

Date of birth: _____ Soc. Sec.#: _____

Your place of birth: _____
City State County

Race:	Marital Status:	Relationship to Adoptee:
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Single	<input type="checkbox"/> Biological son or daughter
<input type="checkbox"/> African American	<input type="checkbox"/> Married	<input type="checkbox"/> Stepson or Stepdaughter
<input type="checkbox"/> Native American or Alaska Native	<input type="checkbox"/> Divorced	<input type="checkbox"/> Brother or Sister
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Separated	<input type="checkbox"/> Grandchild
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other

Religion: _____

Any children other than adoptee: No Yes

How long has adoptee lived with you? _____

Have you ever been convicted of a crime? No Yes

If yes, When: _____ Nature of crime: _____

What led you seek the services of this firm? (Please check as many as applicable):

Internet: vaporislaw.com Internet Search Lawyers.com Other _____

Yellow Page Ads: Verizon EZ to use Yellow Book Other: _____

Referrals: State Bar Attorney Court Administrator Individual Referred by: _____

Have you used the office's services in the past? Yes No

Full Name of **Adoptive Parent 2**: _____

All other names used including maiden: _____

Address: _____
Street City State Zip

Mailing address (if different): _____

Telephone: Home: (____) _____ Cell: (____) _____

Work: (____) _____ Email: _____

County of residence: _____

Employer's name & address employer: _____

Date of birth: _____ Soc. Sec.#: _____

Your place of birth: _____
City State County

Race: Marital Status: Relationship to Adoptee:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Single | <input type="checkbox"/> Biological son or daughter |
| <input type="checkbox"/> African American | <input type="checkbox"/> Married | <input type="checkbox"/> Stepson or Stepdaughter |
| <input type="checkbox"/> Native American or Alaska Native | <input type="checkbox"/> Divorced | <input type="checkbox"/> Brother or Sister |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Separated | <input type="checkbox"/> Grandchild |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Widowed | <input type="checkbox"/> Other |

Religion: _____

Any children other than adoptee: No Yes

How long has adoptee lived with you? _____

Have you ever been convicted of a crime? No Yes

If yes, When: _____ Nature of crime: _____

	Birth Father	Birth Mother
Name		
Street Address, City, State Zip & County		
Mailing address if different		
Date of Birth		
Employer Name & Address		
Is this parent willing to terminate his/her rights?		
Last time parent had contact with child		
Is CYS involved with this family?		

Adoptee (Child 1)

Child's Full Name:

First Middle Last

Date of birth: _____

Soc. Sec.#: _____

Religion: _____

Place of birth: _____

Street

City State Zip

Race:

- Caucasian
- African American
- Native American or Alaska Native
- Hispanic
- Asian or Pacific Islander

Do you want to change the child's name after adoption?

No Yes

Adoptee (Child 2)

Child's Full Name:

First Middle Last

Date of birth: _____

Soc. Sec.#: _____

Religion: _____

Place of birth: _____

Street

City State Zip

Race:

- Caucasian
- African American
- Native American or Alaska Native
- Hispanic
- Asian or Pacific Islander

No Yes

** List additional children on back*