

**KAYDEN & VAPORIS, LLC**

Date: \_\_\_\_\_

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: \_\_\_\_\_

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

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: \_\_\_\_\_

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    |
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| <input type="checkbox"/> Hispanic                         | <input type="checkbox"/> Separated | <input type="checkbox"/> Grandchild                 |
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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

If yes, to what? \_\_\_\_\_

### 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*