

ADOPTION INFORMATION FORM

I. **ADOPTION**

1. Petitioner - Natural Mother/Stepmother/(Wife):

Full Name:

Address:

Phone #:

Age:

Birth Date:

Birthplace:

Religion:

Race:

Employer:

Occupation:

Income:

Social Security #:

Maiden Name

Relationship to Adoptee by blood or marriage:

2. Petitioner - Natural Father/Stepfather/(Husband):

Full Name:

Address:

Age:

Birth Date:

Birthplace:

Religion:

Race:

Employer:

Occupation:

Income:

Social Security #

Relationship to Adoptee by blood or marriage:

3. Identify relationship between Petitioners (married, affianced, etc.)

When married:

Where married

Have resided continuously together since:

4. Adoptee:

Full Name as it appears on Birth Certificate:

Sex: Age: DOB:

Race: Religion: SS#:

Where was adoptee born (including name of hospital)?

Adoptee has resided continuously with Petitioners since:

a. Natural Mother/Stepmother:

b. Natural Father/Stepfather:

(NOTE: Petitioners will be required to attach Adoptee's Birth Certificate to Petition)

5. Natural Mother of Adoptee:

Full Name

Last known Address

Age: DOB:

Religion: Race:

Present marital status

If married, list the name of the spouse:

 Date of Marriage:

 Place of Marriage:

Marital status at birth of adoptee and during one year prior thereto:

If the natural Mother was married at the birth of the Adoptee, list the name of the spouse:

If this marriage is ended, state nature of dissolution and date.

If applicable, has or will natural Mother consent to adoption?

6. Natural Father of Adoptee:

Full Name

Last known Address

Age: DOB:

Religion: Race:

Present marital status:

If married, list the name of the spouse:

 Date of Marriage: Place of Marriage:

Marital status at birth of adoptee and during one year prior thereto:

If the natural Father was married at the birth of the Adoptee, list the name of the spouse:

If this marriage is ended, state nature of dissolution and date.

If applicable, has or will natural Father consent to adoption?

7. Is the parent or parents of the Adoptee who are consenting to the adoption or whose rights are being terminated, an active member of any of the Armed Services?

8. Provide the name and address of the Intermediary, if any:

II. **VOLUNTARY TERMINATION OF PARENTAL RIGHTS**

IF INVOLUNTARY TERMINATION PROCEEDINGS ARE NECESSARY, PLEASE COMPLETE THE FOLLOWING INFORMATION:

Pennsylvania law indicates eight grounds for the involuntary termination of parental rights pursuant to Section 2511 of the Adoption Act. The grounds are set forth in the attached Statute. Please indicate the ground or grounds which maybe applicable to your case and, for each, state the facts supporting the ground. For example, if you are going to proceed under Section 2511(a)(1) (the six-month conduct of parent evidencing a settled purpose of relinquishing rights or refuses or fails to perform the parental duties), give details regarding the child's last contact with the parent including direct contact, telephone contact, contact by mail in the form of gifts and/or letters, etc. and other information evidencing how the person has failed or refused to perform parental duties. Give as much detailed information as possible and use a separate sheet of paper if necessary.

III. **CRIMINAL RECORDS CHECK & CHILD ABUSE HISTORY**

For non-biological adoptive parent:

1. Daytime phone number
2. Previous addresses since 1975

3. Household member who lived with you at anytime since 1975, Relationship, Age & Sex.