

HEARTFELT ADOPTIONS AND SURROGACY SERVICES
RELATIVE/STEPPARENT ADOPTION APPLICATION
(Please type or print clearly as we rely on this information for court documents.)

Date: _____

Please indicate if this is a ____ step-parent adoption or a ____ relative adoption.

Address: _____
Street City County State Zip

Home Phone: _____

Please list your name how it appears on your passport/driver's license.

BIOLOGICAL PARENT

Name: _____
Birth Date: _____ Age: _____
Social Security Number: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Employer: _____
Position: _____
How Long: _____
Resided in Florida _____ Years
Place of Birth: _____
U.S. Citizen? _____ Yes ___ No
If No, Where: _____
Date of Marriage: _____
Place of Marriage: _____

STEPPARENT

Name: _____
Birth Date: _____ Age: _____
Social Security Number: _____
Work Phone: _____
Cell Phone: _____
Email: _____
Employer: _____
Position: _____
How Long: _____
Resided in Florida _____ Years
Place of Birth: _____
U.S. Citizen? _____ Yes ___ No
If No, Where: _____
Date of Marriage: _____
Place of Marriage: _____

Do you or your spouse have any previous marriages? ___ Yes ___ No

If yes please state the name, date of marriage and date of divorce of previous spouse (please attach a copy of your marriage license along with copies of all Dissolution of Marriage Final Judgments to this questionnaire).

INFORMATION REGARDING CHILD(REN) TO BE ADOPTED

Child's Name (Present): _____
Name to be used after adoption: _____

Date of Birth Place of Birth Hospital
(please attach a the birth certificate)

Child's Name (Present): _____
Name to be used after adoption: _____

Date of Birth Place of Birth Hospital
(please attach a the birth certificate)

PAST RESIDENTIAL HISTORY OF THE CHILD(REN) TO BE ADOPTED

Please list addresses where child has lived during the last five years, dates, and with whom he/she lived:

Dates	Addresses	With Whom
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION REGARDING NATURAL PARENT WHOSE RIGHTS TO BE TERMINATED

Name: _____ Social Security Number (if known): _____
 Date of Birth: _____

Is the birth parent in agreement with the adoption plan? Yes No

Address: _____ Phone: _____

Were you married to natural parent? Yes No
 (If yes, attach divorce paperwork)

If whereabouts are unknown or biological parent is unwilling to sign, please attach the most recent photograph you possess and provide the following information for any contacts (relatives, friends, employers, etc.) you may have:

Contact Name	Relationship	Phone Number	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____