

# CONFIDENTIAL ADOPTION QUESTIONNAIRE

## Information about child(ren)

Name(s):	Age	Date of Birth	Gender	Place of Birth (City, State, County)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is the name(s) of the hospital where child(ren) were born? If homebirth, list address.

\_\_\_\_\_

\_\_\_\_\_

Who was the delivering physician (if known)? \_\_\_\_\_

\_\_\_\_\_

Please list all the counties the child(ren) have lived in during the past five years and who (adults) were living with them.

Place (County and State)	From When?	Until When?	With Whom?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current addresses of the adults listed above \_\_\_\_\_

\_\_\_\_\_

Child(ren)'s current address: \_\_\_\_\_

County of child(ren)'s residence: \_\_\_\_\_

Has/have the child(ren) been a resident of that county for more than 6 months? \_\_\_\_\_

Do you want to change the child(ren)'s legal name? \_\_\_\_\_

If so, to what? \_\_\_\_\_

Does/do the child(ren) have any Native American/Indian heritage? If so, please list tribal affiliation: \_\_\_\_\_

Is there a continuing contact agreement with anyone? If so, who? \_\_\_\_\_

Biological Mother's Information:

Name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Address at time of child(ren)'s birth: \_\_\_\_\_

Marital status at birth: \_\_\_\_\_ Marital Status 300 days prior to birth: \_\_\_\_\_

County: \_\_\_\_\_

Inside city limits? \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Social Security Number: \_\_\_\_\_



Focused on what is important to you.

555 NW 5th Street, Corvallis, OR 97330  
P: 541-738-1800 | F: 541-738-1801  
www.ReynoldsLaw.us

Place of birth (State or Foreign Country): \_\_\_\_\_

Parental rights will be terminated for this parent (complete section below).

When was the last time s/he had any contact with child/children? Date: \_\_\_\_\_

Please describe the contact: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there a child support order? \_\_\_\_\_

*✓ If yes, please include a copy.*

When was the last time child support paid? \_\_\_\_\_

Was it paid voluntarily or through garnishment? \_\_\_\_\_

Does s/he have a criminal record? If yes, please list what is known.

\_\_\_\_\_  
\_\_\_\_\_

List his or her parents' names and last known address. If deceased, please note this below.

Parent	Last known address	Deceased?
--------	--------------------	-----------

_____	_____	_____
_____	_____	_____

Is there a donor agreement? \_\_\_\_\_ If yes, please attach.

Biological Father's Information:

Name: \_\_\_\_\_

Other names used: \_\_\_\_\_



Focused on what is important to you.

555 NW 5th Street, Corvallis, OR 97330  
P: 541-738-1800 | F: 541-738-1801  
www.ReynoldsLaw.us

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Address at time of child(ren)'s birth: \_\_\_\_\_

County: \_\_\_\_\_

Inside city limits? \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Place of birth (State or Foreign Country): \_\_\_\_\_

Parental rights will be terminated for this parent (complete section below).

When was the last time s/he had any contact with child/children? Date: \_\_\_\_\_

Please describe the contact: \_\_\_\_\_

Is there a child support order? \_\_\_\_\_

*If yes, please include a copy.*

When was the last time child support paid? \_\_\_\_\_

Was it paid voluntarily or through garnishment? \_\_\_\_\_

Does s/he have a criminal record? If yes, please list what is known.

List his or her parents' names and last known address. If deceased, please note this below.

Parent                      Last known address                      Deceased?  
\_\_\_\_\_  
\_\_\_\_\_

Is there a donor agreement? \_\_\_\_\_ If yes, please attach.

**Information about Adoptive Parent #1 (If not provided above)**

Name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date you began living with the child: \_\_\_\_\_

Do you have a criminal record? If so, please list offenses, approximate dates, counties, and states of convictions (include plea bargains, misdemeanors, and citations). \_\_\_\_\_  
\_\_\_\_\_

How long have you resided in the State of Oregon? \_\_\_\_\_

How many children are currently in your care? \_\_\_\_\_

Are you married or in an RDP? \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

How did you obtain custody of the child(ren)? \_\_\_\_\_

Already on birth certificate

**Information about Adoptive Parent #2 (If not provided above)**

Name: \_\_\_\_\_

Other names used: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date you began living with the child: \_\_\_\_\_

Do you have a criminal record? If so, please list offenses, approximate dates, counties, and states of convictions (include plea bargains, misdemeanors, and citations). \_\_\_\_\_  
\_\_\_\_\_

How long have you resided in the State of Oregon? \_\_\_\_\_

How many children are currently in your care? \_\_\_\_\_

Are you married or in an RDP? \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

How did you obtain custody of the child(ren)? \_\_\_\_\_  
\_\_\_\_\_

Already on birth certificate

Dated: \_\_\_\_\_

Client's signature: \_\_\_\_\_



Focused on what is important to you.

555 NW 5th Street, Corvallis, OR 97330  
P: 541-738-1800 | F: 541-738-1801  
www.ReynoldsLaw.us