

LAW OFFICES  
**LOCKE & LYDEN**

A Professional Limited Liability Company  
10615 Judicial Drive, Suite 502  
Fairfax, Virginia 22030  
Phone: (703) 359-8020  
Fax: (703) 359-8028

**ADOPTION/RE-ADOPTION INTAKE FORM**

(Please complete the following form legibly)

**Adoptive Father's Information:**

Contact Name

\_\_\_\_\_ *First Name* \_\_\_\_\_ *Middle Name* \_\_\_\_\_ *Last Name*

Home Address

\_\_\_\_\_ *Street Address*

Home Telephone

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Cell Phone

Work Telephone \_\_\_\_\_

Current Employer

Fax Number \_\_\_\_\_

\_\_\_\_\_ *Name*

\_\_\_\_\_ *Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Place of Birth

\_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address

\_\_\_\_\_ Social Security No. \_\_\_\_\_

Have you ever used a different name, including maiden name? \_\_\_\_\_

If so, what name(s) & why? \_\_\_\_\_

Have you ever been in the military? \_\_\_\_\_

If so, which branch? \_\_\_\_\_

Have you ever been married before? \_\_\_\_\_

If so, how many times? \_\_\_\_\_

**Information About Marriage**

(Complete regarding current marriage if here about issues relating to current marriage. Complete regarding prior marriage if here about issues relating to prior marriage)

Date of Marriage \_\_\_\_\_

Place of Marriage \_\_\_\_\_

City State

Date of Separation \_\_\_\_\_

Date of Divorce \_\_\_\_\_

Place of Last Cohabitation \_\_\_\_\_

Number of this marriage for Husband? \_\_\_\_\_ Number of this marriage for Wife? \_\_\_\_\_

**Information about Child BEFORE Adoption:**

Full Name of Child at Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Full Maiden Name of Natural Mother: \_\_\_\_\_

Full Name of Natural Father: \_\_\_\_\_

**Information about Child AFTER Adoption:**

Full Name of Child After Adoption: \_\_\_\_\_

**Information About Other Children in the family:**

Full Names & Birth Dates \_\_\_\_\_  
\_\_\_\_\_

**Information About Adoptive Mother:**

Name \_\_\_\_\_  
*First Name Middle Name Last Name*

Home Address \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City State Zip Code*

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Current Employer \_\_\_\_\_  
*Name*

\_\_\_\_\_ *Street Address*

\_\_\_\_\_ *City State Zip Code*

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Email Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

Full maiden name? \_\_\_\_\_

Residence of Adoptive Mother at time of Child's Birth: \_\_\_\_\_

Has he/she ever been in the military? \_\_\_\_\_ If so, which branch? \_\_\_\_\_

Has he/she ever been married before? \_\_\_\_\_ If so, number of this marriage? \_\_\_\_\_

Number of deliveries to adoptive mother prior to birth of adopted child, include other adopted children: Born alive, now living: \_\_\_\_\_ Born alive, now dead: \_\_\_\_\_ Fetal Deaths: \_\_\_\_\_

**Information Needed by Commonwealth of Virginia**

Husband's/Father's Race: \_\_\_\_\_

Husband's/Father's Highest Level of Education: \_\_\_\_\_

Husband's/Father's Primary Language: \_\_\_\_\_

Wife's/Mother's Race: \_\_\_\_\_

Wife's/Mother's Highest Level of Education: \_\_\_\_\_

Wife's/Mother's Primary Language: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

How did you hear about this firm? \_\_\_\_\_

If this is a Re-Adoption, please provide the name and phone number for the adoption service that you used: \_\_\_\_\_