

People Paralegal

106 NW F Street, PMB 86, Grants Pass, OR 97526

Website: www.peopleparalegal.com

Email: denise@peopleparalegal.com

PH: 541.761.4214

STEPPARENT ADOPTION QUESTIONNAIRE

PETITIONER'S INFORMATION (this is person who is adopting the child)

First, Middle, Last Name:		
Is the Petitioner in the Military?	_____ Yes _____ No	
Gender:	_____ Male _____ Female	
Marital Status:	_____ Single _____ Married _____ RDP	
Date of Marriage or Registry?	County/State of Marriage:	
Current home address:		
Mailing address (if different):		
Phone number:	Driver's license No. and State:	
Email:	Date of birth:	State of birth:
SS#:		
Native American or Alaska native Ancestry? If so, What Tribe? And are you a member of the Tribe?	_____ Yes _____ No Tribe Name/ Membership:	
How will you want to be designated as parent on child's new birth record?	_____ Adoptive _____ Natural _____ Parent B	

PETITIONER'S SPOUSE'S INFORMATION (Spouse may be the biological parent if this is a stepparent adoption)

First, Middle, Last Name:	
Gender:	_____ Male _____ Female
Current home address:	
Mailing address (if different):	

Phone number:	Driver's license No. and State:
Email:	Date of birth: State of birth:
SS#:	
Native American or Alaska native Ancestry? If so, What Tribe? And are you a member of the Tribe?	_____ Yes _____ No Tribe Name/ Membership:

Will this person's name be on the new birth certificate?	_____ Yes _____ No
Parent's <u>full legal name</u> as shown on birth certificate <u>at time of birth</u> of person being adopted:	
Parent's <u>address</u> as shown on birth certificate <u>at time of birth</u> of person being adopted:	

ADOPTEE (Person/child being adopted)

First, Middle, Last Name:	
Change Adoptee's Name to:	
Mother's Name at time of birth:	
Father's Name at time of birth:	
Name of Hospital born:	
County/City/State of Hospital:	
Gender:	_____ Male _____ Female
Current home address:	
Mailing address (if different):	
Phone number:	Driver's license No. and State:
Email:	Date of birth: State of birth:
SS#:	
Native American or Alaska native Ancestry? If so, What Tribe? And are you a member of the Tribe?	_____ Yes _____ No Tribe Name/ Membership:

Child's Address for the past 5 years:

Complete information concerning any other places where the child lived in the past five years, and the names and current address of the persons with whom the child has lived during that period is provided here:

1.) Child resides now with (person(s)):			
Child has resided here since:			
Address:			
2.) Child resided with (person(s)):			
From:			To:
Address:			
Person(s) now resides:			
3.) Child resided with (person(s)):			
From:			To:
Address:			
Person(s) now resides:			
4.) Child resided with (person(s)):			
From:			To:
Address:			
Person(s) now resides:			
Change the child's name? If so, enter the full new name.			

OTHER BIOLOGICAL PARENT'S INFORMATION

The biological parent whose parental rights are being terminated:		_____ Father _____ Mother	
First, Middle, Last Name:			
Is the parent deceased?	_____ Yes _____ No	If yes, date of death:	
Does this parent consent to this adoption and agree to terminating their rights?		_____ Yes _____ No	
If not there may be additional costs for service fees and/or publication by newspaper depending on their whereabouts.			
Gender:		_____ Male _____ Female	

Current home address:	
Mailing address (if different):	
Email address:	
Phone number:	
Marital Status at Time of birth of Adoptee:	_____ Single _____ Married _____ RDP _____ Unable to Determine
Parent's <u>full legal name</u> as shown on birth certificate <u>at time of birth</u> of person being adopted:	
Parent's <u>full legal name</u> as shown on birth certificate <u>at time of birth</u> of person being adopted:	
If birth parent and birth father were married, answer the following:	
Date of marriage:	Date of divorce:
Custody determination:	
Case Number (if known):	
Current Marital Status:	_____ Single _____ Married _____ RDP _____ Unable to Determine
If currently married: To whom: _____ When: _____	
Does the parent have Native American or Alaska native Ancestry? If so, What Tribe? And are you a member of the Tribe? _____ Yes _____ No	Tribe Name/ Membership:

Biological Grandparent's information:

Please provide information about the Other Biological Parent's parents (grandparents of the adoptive child)

First, Middle, Last Name:	
Mailing address:	
First, Middle, Last Name:	
Mailing address (if different):	

Additional information:

- How many other children currently reside in the home with you? ·
- Please provide the name (s) of anyone over the age of 18, besides parties listed here, that reside ·
in the household: ·
- ·
- ·
- How long has the biological parent resided in Oregon: ·
-
- How long has the stepparent resided in Oregon: ·

Once you have completed the questionnaire, please:

Save this pdf to your computer and email it to me as an
attachment to: denise@peopleparalegal.com

Thank you!