

INDEPENDENT ADOPTION INFORMATION CHECKLIST

BIRTH MOTHER

Full Name: _____ Maiden Name: _____

Date of Birth: _____ State of Birth: _____

Current Address: _____

Marital Status: _____ Date/Place of Marriage: _____

Conception Marital Status: _____

Occupation: _____

Am. Indian/Ak. Native: Yes ___ No ___

If Yes, what Tribe/Band: _____

Relationship with Birth Father: _____

Filed Joint Declaration of Paternity with Birth Father: _____

BIRTH FATHER

Full Name: _____

Address: _____

Support: _____

Filiation Proceedings: _____

Am. Indian/Ak. Native: Yes ___ No ___

If Yes, what Tribe/Band: _____

CHILD/CHILDREN

Full Name(s): _____

Date(s) of Birth: _____

Place(s) of Birth (Hospital/City/State): _____

Lived in Oregon 6 Months or More: Yes ___ No ___

Addresses/Duration Child/Children Lived at each Address (Past 5 Years Required): _____

Current Custody Disputes: Yes ___ No ___

If yes, Court/Case No.: _____

Parental Right Termination Proceedings: Yes ___ No ___

If yes, Court/Case No.: _____

Adoptive Child Name Change: Yes ___ No ___

If yes, **New Name**: _____

ADOPTIVE PARENTS

Full Names: _____

Adoptive Mother's Maiden Name: _____

Birth Dates: _____

Social Security No.: _____

Place of Birth: _____

Marital Status/**Date & Location**: _____

Current Address: _____

Telephone No.: _____

Adoptive Mother's Residence Time of Child's Birth (Street Address): _____

Lived in Oregon 6 Months or More: Yes ___ No ___

How long lived in Oregon: _____

Occupations: _____

Agency: _____

How many children in your care: _____

FEES

Jackson County Circuit Court Filing Fee: \$252.00

Oregon Dept. of Human Services Post-Placement Report Fee: \$800.00

Amended Birth Certificate for Oregon: \$50.00 (per child)

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