4th JUDICIAL CIRCUIT - FAMILY DIVISION JACKSON COUNTY
ADOPTION QUESTIONNAIRE - ADULT

Name of Adult Adoptee _____
First Middle Last Date of Birth

Maiden Name, if Married _____
First Middle Last

Name After Adoption _____
First Middle Last

_____ Social Security Number _____

Present Address _____
No. Street City State Zip Code

THE MICHIGAN ADOPTION CODE REQUIRES BIRTH PARENTS TO RECEIVE A NOTICE OF ADOPTION.
Please give the following information about them:

Birth Father's Name _____ **Date of Birth** _____
First Middle Last

Present / Last Known Address _____
No. Street City State Zip Code

Social Security Number:

Birth Mother's Name _____ **Date of Birth** _____
First Middle Last

Present / Last Known Address _____
No. Street City State Zip Code

Social Security Number:

Name of Proposed Adoptive Father _____
First Middle Last

Date of Birth _____ Social Security Number _____

Present Address _____
No. Street City State Zip Code

Phone Number **(Home)** _____ **(Cell)** _____ **(Work)** _____

Social Security Number

Name of Proposed Adoptive Mother _____
First Middle Last

Date of Birth _____ Social Security Number _____

Present Address _____
No. Street City State Zip Code

Phone Number **(Home)** _____ **(Cell)** _____ **(Work)** _____

Social Security Number

Brief reason for adoption _____

Have proposed adoptive parents ever been convicted in a criminal proceeding, imprisoned, placed on probation or parole, (including DUI)? ☐ Yes ☐ No

If yes, give details including date, place, nature of offense and disposition _____

THIS ADOPTION QUESTIONNAIRE HAS BEEN EXAMINED BY ME AND THE CONTENTS THEREOF ARE TRUE TO THE BEST OF MY INFORMATION. KNOWLEDGE, AND BELIEF.

_____
Signature of Proposed Adoptive Mother

_____ _____
Date Signature of Proposed Adoptive Father

Rev. 08/05