

2ND PARENT ADOPTION INTAKE

Date: _____

Full Legal name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Phone: _____

Date of Marriage or Domestic Registration: _____

Place of Marriage or Domestic Registration: _____

Adopting Parent:

Date of Birth: _____

Place of Birth: _____

Social Security No.: _____

Ethnic Background: _____

Religion: _____

Prior Marriage(s): _____

Date came to Nevada: _____

Prior Arrests: _____

Annual Income: _____

Name(s) of Child(ren) at issue:

_____ Born: _____

_____ Born: _____

Name of Legal Parents as they appear on current birth certificate:

Mother: _____

Father: _____

Have parental rights of either parent been terminated? Yes _____ No _____

Please provide copy of birth certificate

If name of child is changing, please state new name: _____

Completion of Home Study, if applicable: yes _____ no _____

Agency: _____