

Adoption Intake Sheet

Information on Child(ren):

Name on birth certificate: _____
First
Middle
Last

Name after adoption: _____
First
Middle
Last

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____

Race: _____

Enrolled member of an Indian tribe or eligible for enrollment? _____

If Yes name of Tribe: _____

Roll Number _____

Residence Information for past five years:

From (date)	To (date)	Where (street, city, state, zip)	With whom?

Has any person other than a parent received a court order granting visitation? _____

If so, name: _____

Address: _____

Telephone Number _____

Relationship to Child: _____

Court granting visitation _____

Case Number _____

Information on Adoptive Mother

Name: _____
 First Middle Last

Physical Address: _____
 Street City, State Zip

Mailing Address: _____
 Street City, State Zip

County lived in for last 30 days: _____

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Social Security No.: _____ Date of Birth: _____

City and State of Birth: _____

No. of Children alive at the time of this child's birth _____

No. of Children born alive but dead before this child's birth _____

No. of children born dead before this child's birth _____

Address of adoptive mother at time of this child's birth: _____

Is adoptive mother subject to registration requirements of the Oklahoma sex offenders registration act or any similar act in any other state? Yes No

(Fill out if child or adoptive mother is of Indian descent)

Relationship of adoptive mother to child: _____

If no relationship, is adoptive mother a member of the child's tribe? _____

If yes, Roll Number _____

If not a member of the child's tribe, is adoptive mother a member of some other tribe?

If yes, Roll Number _____

If not a member of any Indian tribe, does the adoptive mother have any Indian heritage, although not enrolled? _____



Information on Adoptive Father

Name: _____
 First Middle Last

Physical Address: _____
 Street City, State Zip

County lived in for last 30 days: _____

Mailing Address: _____

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Social Security No.: _____ Date of Birth: _____

City and State of Birth: _____

Is adoptive father subject to registration requirements of the Oklahoma sex offenders registration act or any similar act in any other state? Yes No

(Fill out if child or adoptive father is of Indian descent)

Relationship to child: _____

If no relationship, is adoptive father a member of the child's tribe? _____

If yes, Roll Number _____

If not a member of the child's tribe, is adoptive father a member of some other tribe?

If yes, Roll Number _____

If not a member of any Indian tribe, does the adoptive father have any Indian heritage, although not enrolled? _____

If yes, explain: _____

If neither adoptive parent is an extended family member of the Indian child list the names and addresses of all known extended family members



Has either prospective adoptive parent been convicted of a felony:

a. In the last five years for physical assault, domestic abuse, battery or drug-related offense? Yes No

b. For child abuse or neglect? Yes No

c. For a crime against a child, including, but not limited to, child pornography? Yes No

d. For a crime involving violence, including, but not limited to, rape, sexual assault or homicide, but excluding physical assault or battery? Yes No

Is adoptive home free from ongoing domestic abuse? Yes No

Has any domestic abuse ever occurred in adoptive home? Yes No

WHO REFERRED YOU TO MY OFFICE? _____

