

Foreign-Born Adoption Worksheet

State File Number

Please Print

Child's Information (Adoptive)			
First Name	Middle	Last	Suffix
Date of Birth		Race/Ethnicity	
Place of Birth	Town	City	County

Natural/ Adoptive Mother/ Parent Information			
Current First Name	Middle	Last	
Maiden Last Name		Date of Birth	
Place of Birth (State/ Country)		Social Security Number	
Usual Residence at the time of birth	Street Address		
City/Town	County		State
Zip code		In City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Current Mailing Address	Street Address		
City/Town	County		State
Zip code			

Natural/Adoptive Father/ Parent Information			
Current First Name	Middle	Last	Suffix
Place of Birth (State /Country)			
Social Security Number		Date of Birth	

The **Adoptive Parents** must sign this form. By signing below, you are indicating that the above information is complete and correct. Please note the purpose of this worksheet is to collect the information required in A.A.C. R9-19-206 (B) that is not included in the adoption order. No further additions or changes may be made with this worksheet.

Phone Number:		
Print Name:	Signature:	Date:
Print Name:	Signature:	Date: