JUDICIAL CIRCUIT – FAMILY DIVISION BERRIEN COUNTY
ADOPTION QUESTIONNAIRE – ADULT

Name of Adult Adoptee _____ _____ _____
First Middle Last

Maiden Name, if Married _____ _____ _____
First Middle Last

Name after Adoption _____ _____ _____
First Middle Last

Date of Birth _____

Present Address _____ _____ _____ _____
No. Street City State Zip Code

Phone Number _____ _____ _____
Home Cell Work

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

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

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

Name of the Proposed Adoptive Father _____ _____ _____
First Middle Last

Date of Birth _____

Present Address _____ _____ _____ _____
No. Street City State Zip Code

Phone Number _____ _____ _____
Home Cell Work

Name of the Proposed Adoptive Mother _____ _____ _____
First Middle Last

Date of Birth _____

Present Address _____ _____ _____ _____
No. Street City State Zip Code

Phone Number _____ _____ _____
Home Cell Work

Brief reason for adoption:

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

_____ _____
Date Signature of Proposed Adoptive Mother

_____
Signature of Proposed Adoptive Father