

OAKLAND COUNTY CIRCUIT COURT- FAMILY DIVISION, ADOPTION SERVICES
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 _____ Email _____

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 Proposed Adoptive Father _____
First Middle Last

Date of Birth _____ Email _____

Present Address _____
No. Street City State Zip Code

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

Name of Proposed Adoptive Mother _____
First Middle Last

Date of Birth _____ Email _____

Present Address _____
No. Street City State Zip Code

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

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 _____

I have examined this adoption questionnaire and the contents are true.

Date _____ Signature of Proposed Adoptive Mother _____

Signature of Proposed Adoptive Father _____