

# *Heartfelt Adoption and Surrogacy Services, Inc*

3800 W. BAY TO BAY BLVD, SUITE 13

TAMPA, FL 33629

## **RELATIVE/STEP-PARENT ADOPTION APPLICATION**

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DATE: \_\_\_\_\_

Please indicate if this is a step-parent adoption or a relative adoption.

\_\_\_\_\_ Step-parent adoption      \_\_\_\_\_ Relative adoption

Name of person(s) adopting: \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work#: \_\_\_\_\_ Work#: \_\_\_\_\_

Ssn: \_\_\_\_\_ Ssn: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

How long have each of you resided in the State of Florida? \_\_\_\_\_

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### **PLACES OF EMPLOYMENT**

Wife \_\_\_\_\_ How Long \_\_\_\_\_

Husband \_\_\_\_\_ How Long \_\_\_\_\_

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### **MARRIAGE INFORMATION**

Date of Marriage \_\_\_\_\_ Where \_\_\_\_\_

Do you or you spouse have any previous marriages? \_\_\_\_\_

If yes please state the name, date of marriage and date of divorce of previous spouse (please attach a copy of your marriage license along with copies of all Dissolution of Marriage Final Judgments to this questionnaire). \_\_\_\_\_

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**INFORMATION REGARDING CHILD(REN) TO BE ADOPTED**

**CHILD'S NAME** (Present): \_\_\_\_\_

(Name to be used after adoption): \_\_\_\_\_

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
HOSPITAL

(please attach a copy of the birth certificate)

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**PAST RESIDENTIAL HISTORY OF THE CHILD(REN) TO BE ADOPTED**

Please list addresses where child has lived during the last five years, dates, and with whom he/she lived:

Dates

Addresses

With Whom

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**INFORMATION REGARDING NATURAL PARENT**

**Birth Mother's Name:** \_\_\_\_\_ SSN \_\_\_\_\_ (if known)

**Birth Father's Name:** \_\_\_\_\_ SSN \_\_\_\_\_ (if known)

Is the birth parent in agreement with the adoption plan? Yes or No

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you married to natural parent? Yes or No  
(If yes, attach divorce paperwork)

**If whereabouts are unknown or biological parent is unwilling to sign:**

Date of Birth \_\_\_\_\_

Last known residence \_\_\_\_\_

(attach photograph)

Contacts (i.e, relatives, friends, past/present employers): Phone numbers and address.

\_\_\_\_\_  
\_\_\_\_\_