



**COMMANDER  
LAW**

ATTORNEYS & MEDIATORS  
*Serving Tidewater, Hampton Roads, and Coastal Virginia Since 1981*

Date: \_\_\_\_\_

**ADOPTION INFORMATION SHEET**

How did you hear about us? \_\_\_\_\_

**Parent 1**

1. Full Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. : \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Education Level: \_\_\_\_\_

If married, date of marriage: \_\_\_\_\_

**Parent 2**

2. Full Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No. : \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Education Level: \_\_\_\_\_

**3. The Name(s) and Date(s) of Birth of Person(s) you wish to Adopt:**

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

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

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

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

**Describe your legal relationship to the parties to be adopted:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List the Full Names, Address, and Telephone Number, of the Birth Parents of the Adoptee:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you wish to have the adoptee's name(s) changed, please list the new names desired:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_