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 Adoption Form

Adopting Parent: _____
 First Middle Last Maiden (if any)

Address: _____
 Street Number Street Name

 City County State Zip Code

DOB: _____ Place of Birth: _____

SSN: _____ Race: _____ Sex: _____

Employer: _____ Occupation: _____

Employer Address: _____
 Street Number Street Name

 City County State Zip Code

 Adopting Parent: _____
 First Middle Last Maiden (if any)

Address: _____
 Street Number Street Name

 City County State Zip Code

DOB: _____ Place of Birth: _____

SSN: _____ Race: _____ Sex: _____

Employer: _____ Occupation: _____

Employer Address: _____
 Street Number Street Name

 City County State Zip Code

Are adopting parents married? Yes No

If so, please provide the **DATE OF MARRIAGE** and the **COUNTY AND STATE** where marriage is registered: _____

Is either adopting parent a natural parent to the child(ren) to be adopted?

Mother Father

Natural Father: _____
 First Middle Last
DOB: _____ Place of Birth: _____
SSN: _____ Race: _____
Current Address: _____
 Street # and Name City County State Zip Code
Willing to voluntarily terminate rights to the children? Yes No

Natural Mother: _____
 First Middle Last Maiden
DOB: _____ Place of Birth: _____
SSN: _____ Race: _____
Current Address: _____
 Street # and Name City County State Zip Code
Willing to voluntarily terminate rights to the children? Yes No

Children's Information
(Oldest to Youngest)

Full Name: _____
 (first) (middle) (last)
DOB: _____ SSN: _____ Gender: _____
Name of Hospital, City and State child born? _____

Name Upon Adoption: _____
 (first) (middle) (last)

Full Name: _____
 (first) (middle) (last)
DOB: _____ SSN: _____ Gender: _____
Name of Hospital, City and State child born? _____

Name Upon Adoption: _____
 (first) (middle) (last)

Full Name: _____
 (first) (middle) (last)
DOB: _____ SSN: _____ Gender: _____
Name of Hospital, City and State child born? _____

Name Upon Adoption: _____

(Please attach additional children's information in the same format)

Where have the child(ren) lived for the past five years? Please state the name, relationship to child, and address of persons with whom the children lived during that period of time.

(For example: March 2011-May 2016 with Jane Doe, mother, at 123 Main Street, Los Angeles CA)

From _____ to _____ with
(Month/Year) (Month/Year)
_____ at
(Name of person and relationship to child)

(Address)

From _____ to _____ with
(Month/Year) (Month/Year)
_____ at
(Name of person and relationship to child)

(Address)

From _____ to _____ with
(Month/Year) (Month/Year)
_____ at
(Name of person and relationship to child)

(Address)

From _____ to _____ with
(Month/Year) (Month/Year)
_____ at
(Name of person and relationship to child)

(Address)

From _____ to _____ with
(Month/Year) (Month/Year)
_____ at
(Name of person and relationship to child)

(Address)

From _____ to _____ with
(Month/Year) (Month/Year)
_____ at
(Name of person and relationship to child)

(Address)

(Please attach additional information in the same format)