

**LIVINGSTON COUNTY CIRCUIT COURT – FAMILY DIVISION – ADOPTION UNIT
ADULT ADOPTION QUESTIONNAIRE**

Name of Adult Adoptee: _____
First Middle Last

Maiden Name, if Married: _____
First Middle Last

Name After Adoption: _____
First Middle Last

Gender: Male Female Date of Birth: _____

Phone Number: _____ Email: _____

Present Address: _____
Street Address City State Zip

*****The Michigan Adoption Code requires birth parents receive notice of the adoption proceedings*****

Birth Father's Name: _____ **Date of Birth:** _____
First Middle Last

Last Known Address: _____
Street Address City State Zip

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

Last Known Address: _____
Street Address City State Zip

Adoptive Father: _____ **Date of Birth:** _____
First Middle Last

Phone Number: _____ **Email:** _____

Address: _____
Street Address City State Zip

Adoptive Mother: _____ **Date of Birth:** _____
First Middle Last

Phone Number: _____ **Email:** _____

Address: _____
Street Address City State Zip

Have the proposed adoptive parents ever been convicted in a criminal proceeding, imprisoned, placed on probation or parole: Yes No

If yes, please provide details including date, place, nature of offense, etc.

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

Date

Signature of Proposed Adoptive Mother

Date

Signature of Proposed Adoptive Father