

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

ADULT ADOPTION INVESTIGATION QUESTIONNAIRE

ADULT ADOPTEE INFORMATION			
Name:		DOB:	
	Age:		
Gender:	Male __ Female __	Maiden Name:	
Address:			
Name after adoption is finalized:			

***The Michigan Adoption Code requires birth parents receive notice that a petition for adoption has been filed with the Court. ***

BIRTH FATHER'S INFORMATION			
Name:		DOB:	
Include all aliases:			
Present / Last Known Address:			
BIRTH MOTHER'S INFORMATION			
Name:		DOB:	
Include all aliases:			
Present / Last Known Address:			
PROPOSED ADOPTIVE PARENT'S INFORMATION			
Name:		DOB:	
Present Address:			
Home Phone Number:		Cell Phone Number:	
PROPOSED ADOPTIVE PARENT'S INFORMATION			
Name:		DOB:	
Present Address:			
Home Phone Number:		Cell Phone Number:	

