**ADOPTION BY A CO-PARENT
(includes Stepparent, Second Parent, and Confirmatory Adoptions)**

**PLEASE PROVIDE COPIES OF THE FOLLOWING DOCUMENTS:**

* A driver’s license, passport, or other photo ID (for each parent)
* Your marriage certificate, if you are married to each other
* Birth certificate(s) for your child(ren)
* A copy of any parenting agreement(s) that may pertain to the child(ren)

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| **DEMOGRAPHIC INFO** | ***CURRENT LEGAL PARENT*** | ***PARENT ADOPTING*** |
|  | ***Please provide your full legal name as it appears on your IDs*** |
| First Name(s): |  |  |
| Middle Name(s): |  |  |
| Last Name(s) (& Suffix): |  |  |
| Date of birth: |  |  |
| State (or Country, if not US) where you were born |  |  |
| Social Security Number |  |  |
| Gender |  |  |
| Race |  |  |
| Are you currently serving in the military? |  |  |
| Are you a member of a Native American tribe? (If yes, please describe) |  |  |
| ***Please provide your name as it appears on your birth certificate in the spaces below, if that name is different than what you listed above.*** *In most states, when preparing birth certificates for your child, the Vital Records office will want to list your name as it appears on your birth certificate.* ***That means that if you have changed your name due to marriage, your adopted child’s birth certificate will list your name as it appears on your own birth certificate, rather than your current legal name.*** *If you have legally changed your name through a court proceeding (NOT through marriage), and would like your new legal name to appear on your child’s birth certificate, you will have to make sure you have updated your OWN birth certificate to reflect your court-ordered name change.* ***Please provide a copy of your updated birth certificate.*** |
| First Name(s): |  |  |
| Middle Name(s): |  |  |
| Last Name(s) (& Suffix): |  |  |

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| **CONTACT INFO** | ***CURRENT LEGAL PARENT*** | ***PARENT ADOPTING*** |
|  | ***If you both live at the same address, you can leave the right column blank, but please fill in “Month & year moved in” if it’s not the same for you both*** |
| Home Address: |  |  |
| Apartment/Suite (if any): |  |  |
| City or Town: |  |  |
| County or Parish: |  |  |
| State: |  |  |
| Zip Code: |  |  |
| Month & year moved in: |  |  |
|  | ***Please list your phone number(s), in order of preference:*** |
| Primary Phone: |  |  |
| Alternate Phone: |  |  |
| 2nd Alternate, if any: |  |  |
| Email: |  |  |
| **EMPLOYMENT INFO** | ***CURRENT LEGAL PARENT*** | ***PARENT ADOPTING*** |
| Current job title/position: |  |  |
| Employer Name: |  |  |
| City & State: |  |  |
| Month & year hired: |  |  |
| Approximate salary: |  |  |
| **RELATIONSHIP INFO** |
| Month/year your relationship began: |  |
| ***IF NO LONGER TOGETHER,*** month/year your relationship ended: |  |
| ***IF YOU ARE CURRENTLY LEGALLY MARRIED TO EACH OTHER, PLEASE PROVIDE THE FOLLOWING:*** |
| Date marriage took place: |  |
| City & state where marriage took place: |  |
| If **Parent Adopting** was previously married, provide date and location information for divorce prior to current marriage:  | Date:City/State:  |

***PLEASE NOTE: IF YOU ARE NO LONGER TOGETHER, BUT EITHER OF YOU IS LEGALLY MARRIED TO ANOTHER INDIVIDUAL, THEN PLEASE PROVIDE YOUR SPOUSE’S INFORMATION IN THE SECTION TITLED “OTHER INDIVIDUAL(S) WHOSE CONSENT MAY BE NECESSARY OR ADVISABLE.”***

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| **CHILD #1’s INFORMATION** |
| First Name(s): |  |
| Middle Name(s): |  |
| Last Name(s) (& Suffix): |  |
| Date of birth (or due date if not yet born): |  |
| Gender: |  |
| Race/Ethnicity: |  |
| Name of Hospital: |  |
| Hospital Address, City, State, Zip: |  |
|  | ***If you’d like to change the child’s name as part of the adoption***  |
| New First Name(s) after adoption: |  |
| New Middle Name(s) after adoption: |  |
| New Last Name(s) (& Suffix) after adoption: |  |
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| ***Because modern families are created in a variety of ways, we need to know how this Child came to join your family.***  |
| ***PLEASE CHECK ANY AND ALL STATEMENTS THAT APPLY.***[\_\_] **CHILD WAS BORN TO THE CURRENT LEGAL PARENT** [\_\_] Child was born using assisted reproductive technology, with the assistance of one or more of the following individuals. Please provide their information in the section titled ***Other Individual(s) Whose Consent May Be Necessary Or Advisable***, and please provide a copy of any written agreements between you. [\_\_] An anonymous Sperm Donor [\_\_] A Sperm Donor whose identity is known to you.[\_\_] An Egg Donor (anonymous or known)[\_\_] Eggs from the Parent Seeking to Adopt (also known as egg-sharing or co-maternity)[\_\_] A Gestational Surrogate. If her parental rights have already been terminated, please provide us with a copy of the court order or final judgment that terminated her parental rights. [\_\_] Child was born during the Current Legal Parent’s previous relationship with a different individual. Please provide the other parent’s information in the section titled ***Other Individual(s) Whose Consent May Be Necessary Or Advisable***. If this person is deceased, please provide a copy of their death certificate.[\_\_] **CHILD WAS ADOPTED INTO YOUR FAMILY BY THE CURRENT LEGAL PARENT**Date adoption finalized: (If international) Date Child entered US: State (or Country) where adoption took place: ***PLEASE PROVIDE A COPY OF THE FINAL JUDGMENT.*** *IF IT WAS AN INTERNATIONAL ADOPTION, please provide a copy of the original birth certificate prior to adoption, a copy of the passport, visa, or other ID your child used to enter the US for the first time after adoption,**and* ***translations of any documents not in English.*** |

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| **CHILD #2’s INFORMATION (if applicable)** |
| First Name(s): |  |
| Middle Name(s): |  |
| Last Name(s) (& Suffix): |  |
| Date of birth (or due date if not yet born): |  |
| Gender: |  |
| Race/Ethnicity: |  |
| Name of Hospital: |  |
| Hospital Address, City, State, Zip: |  |
|  | ***If you’d like to change the child’s name as part of the adoption***  |
| New First Name(s) after adoption: |  |
| New Middle Name(s) after adoption: |  |
| New Last Name(s) (& Suffix) after adoption: |  |
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| ***Because modern families are created in a variety of ways, we need to know how this Child came to join your family.***  |
| ***PLEASE CHECK ANY AND ALL STATEMENTS THAT APPLY.***[\_\_] **CHILD WAS BORN TO THE CURRENT LEGAL PARENT** [\_\_] Child was born using assisted reproductive technology, with the assistance of one or more of the following individuals. Please provide their information in the section titled ***Other Individual(s) Whose Consent May Be Necessary Or Advisable***, and please provide a copy of any written agreements between you. [\_\_] An anonymous Sperm Donor [\_\_] A Sperm Donor whose identity is known to you.[\_\_] An Egg Donor (anonymous or known)[\_\_] Eggs from the Parent Seeking to Adopt (also known as egg-sharing or co-maternity)[\_\_] A Gestational Surrogate. If her parental rights have already been terminated, please provide us with a copy of the court order or final judgment that terminated her parental rights. [\_\_] Child was born during the Current Legal Parent’s previous relationship with a different individual. Please provide the other parent’s information in the section titled ***Other Individual(s) Whose Consent May Be Necessary Or Advisable***. If this person is deceased, please provide a copy of their death certificate.[\_\_] **CHILD WAS ADOPTED INTO YOUR FAMILY BY THE CURRENT LEGAL PARENT**Date adoption finalized: (If international) Date Child entered US: State (or Country) where adoption took place: ***PLEASE PROVIDE A COPY OF THE FINAL JUDGMENT.*** *IF IT WAS AN INTERNATIONAL ADOPTION, please provide a copy of the original birth certificate prior to adoption, a copy of the passport, visa, or other ID your child used to enter the US for the first time after adoption,**and* ***translations of any documents not in English.*** |

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| **CHILD #3’s INFORMATION (if applicable)** |
| First Name(s): |  |
| Middle Name(s): |  |
| Last Name(s) (& Suffix): |  |
| Date of birth (or due date if not yet born): |  |
| Gender: |  |
| Race/Ethnicity: |  |
| Name of Hospital: |  |
| Hospital Address, City, State, Zip: |  |
|  | ***If you’d like to change the child’s name as part of the adoption***  |
| New First Name(s) after adoption: |  |
| New Middle Name(s) after adoption: |  |
| New Last Name(s) (& Suffix) after adoption: |  |
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| ***Because modern families are created in a variety of ways, we need to know how this Child came to join your family.***  |
| ***PLEASE CHECK ANY AND ALL STATEMENTS THAT APPLY.***[\_\_] **CHILD WAS BORN TO THE CURRENT LEGAL PARENT** [\_\_] Child was born using assisted reproductive technology, with the assistance of one or more of the following individuals. Please provide their information in the section titled ***Other Individual(s) Whose Consent May Be Necessary Or Advisable***, and please provide a copy of any written agreements between you. [\_\_] An anonymous Sperm Donor [\_\_] A Sperm Donor whose identity is known to you.[\_\_] An Egg Donor (anonymous or known)[\_\_] Eggs from the Parent Seeking to Adopt (also known as egg-sharing or co-maternity)[\_\_] A Gestational Surrogate. If her parental rights have already been terminated, please provide us with a copy of the court order or final judgment that terminated her parental rights. [\_\_] Child was born during the Current Legal Parent’s previous relationship with a different individual. Please provide the other parent’s information in the section titled ***Other Individual(s) Whose Consent May Be Necessary Or Advisable***. If this person is deceased, please provide a copy of their death certificate.[\_\_] **CHILD WAS ADOPTED INTO YOUR FAMILY BY THE CURRENT LEGAL PARENT**Date adoption finalized: (If international) Date Child entered US: State (or Country) where adoption took place: ***PLEASE PROVIDE A COPY OF THE FINAL JUDGMENT.*** *IF IT WAS AN INTERNATIONAL ADOPTION, please provide a copy of the original birth certificate prior to adoption, a copy of the passport, visa, or other ID your child used to enter the US for the first time after adoption,**and* ***translations of any documents not in English.*** |

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| **CHILD #4’s INFORMATION (if applicable)** |
| First Name(s): |  |
| Middle Name(s): |  |
| Last Name(s) (& Suffix): |  |
| Date of birth (or due date if not yet born): |  |
| Gender: |  |
| Race/Ethnicity: |  |
| Name of Hospital: |  |
| Hospital Address, City, State, Zip: |  |
|  | ***If you’d like to change the child’s name as part of the adoption***  |
| New First Name(s) after adoption: |  |
| New Middle Name(s) after adoption: |  |
| New Last Name(s) (& Suffix) after adoption: |  |
|  |
| ***Because modern families are created in a variety of ways, we need to know how this Child came to join your family.***  |
| ***PLEASE CHECK ANY AND ALL STATEMENTS THAT APPLY.***[\_\_] **CHILD WAS BORN TO THE CURRENT LEGAL PARENT** [\_\_] Child was born using assisted reproductive technology, with the assistance of one or more of the following individuals. Please provide their information in the section titled ***Other Individual(s) Whose Consent May Be Necessary Or Advisable***, and please provide a copy of any written agreements between you. [\_\_] An anonymous Sperm Donor [\_\_] A Sperm Donor whose identity is known to you.[\_\_] An Egg Donor (anonymous or known)[\_\_] Eggs from the Parent Seeking to Adopt (also known as egg-sharing or co-maternity)[\_\_] A Gestational Surrogate. If her parental rights have already been terminated, please provide us with a copy of the court order or final judgment that terminated her parental rights. [\_\_] Child was born during the Current Legal Parent’s previous relationship with a different individual. Please provide the other parent’s information in the section titled ***Other Individual(s) Whose Consent May Be Necessary Or Advisable***. If this person is deceased, please provide a copy of their death certificate.[\_\_] **CHILD WAS ADOPTED INTO YOUR FAMILY BY THE CURRENT LEGAL PARENT**Date adoption finalized: (If international) Date Child entered US: State (or Country) where adoption took place: ***PLEASE PROVIDE A COPY OF THE FINAL JUDGMENT.*** *IF IT WAS AN INTERNATIONAL ADOPTION, please provide a copy of the original birth certificate prior to adoption, a copy of the passport, visa, or other ID your child used to enter the US for the first time after adoption,**and* ***translations of any documents not in English.*** |

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| **PRIOR ADDRESSES FOR THE CHILD(REN)** |
| ***Florida law requires that we file an affidavit that lists every home where the child(ren) being adopted have lived since birth. Please provide the address and the dates the child(ren) resided there, and if you have more than one child, please specify which of your children resided at that address. (You can leave that line blank otherwise.)*** |
| **Home #1** Address, including apartment: |  |
| City, State Zip: |  |
| Dates of residence (provide month/year): | From: / To: / |
| Child(ren) that lived here (if applicable): |  |
| Did anyone else have parental responsibility over the child(ren) while the child(ren) lived in this home? If so, please explain further: |  |
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| **Home #2** Address, including apartment: |  |
| City, State Zip: |  |
| Dates of residence (provide month/year): | From: / To: / |
| Child(ren) that lived here (if applicable): |  |
| Did anyone else have parental responsibility over the child(ren) while the child(ren) lived in this home? If so, please explain further: |  |
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| **Home #3** Address, including apartment: |  |
| City, State Zip: |  |
| Dates of residence (provide month/year): | From: / To: / |
| Child(ren) that lived here (if applicable): |  |
| Did anyone else have parental responsibility over the child(ren) while the child(ren) lived in this home? If so, please explain further: |  |
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| **Home #4** Address, including apartment: |  |
| City, State Zip: |  |
| Dates of residence (provide month/year): | From: / To: / |
| Child(ren) that lived here (if applicable): |  |
| Did anyone else have parental responsibility over the child(ren) while the child(ren) lived in this home? If so, please explain further: |  |

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| **OTHER INDIVIDUAL(S) WHOSE CONSENT MAY BE NECESSARY OR ADVISABLE** |
| ***If there is a person with actual or potential parental rights to the child(ren), such as a BIRTH FATHER, KNOWN SPERM DONOR or SURROGATE, please provide their information below*** |
| **Individual #1** Full Legal Name: |  |
| Phone: |  |
| Email: |  |
| Address (incl Apartment #, if any): |  |
| City, State, Zip: |  |
| Date of birth: |  |
| Gender |  |
| Are they currently serving in the military? |  |
| Are they a member of a Native American tribe? (If yes, please describe) |  |
| Describe their relationship to the Child(ren): |  |
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| **Individual #2** Full Legal Name: |  |
| Phone: |  |
| Email: |  |
| Address (incl Apartment #, if any): |  |
| City, State, Zip: |  |
| Date of birth: |  |
| Gender |  |
| Are they currently serving in the military? |  |
| Are they a member of a Native American tribe? (If yes, please describe) |  |
| Describe their relationship to the Child(ren): |  |

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| **REVIEW AND ACKNOWLEDGEMENT BY PARENTS** |
| *By entering our initials below, we confirm that the information that we have provided herein is accurate and complete, to the best of our knowledge and ability. We acknowledge that Elizabeth F. Schwartz, PA will rely on the accuracy of the information provided above, and the firm will not be responsible for any delays or costs associated with correcting errors in court documents or vital records caused by inaccurate information provided above.*  |
| INITIALS OF CURRENT LEGAL PARENT:  | INITIALS OF PARENT ADOPTING:  |