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PRACTICE AREA LIMITED TO ADOPTION & CHILDREN'S LAW

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STEP-PARENT ADOPTIVE PARENT INTAKE FORM

Date: _____

CLIENT INFORMATION

* Please list wife's name as it should appear on legal documents and vital records forms

Husband's Legal Name: First _____ Middle _____ Last _____

Wife's Legal Name: First _____ Middle _____ Last _____

Wife's Maiden Name: First _____ Middle _____ Last _____

DOB: Husband's _____ Race: _____ Wife's _____ Race: _____

Place of Birth (state): Husband's _____ Wife's _____

Marriage Date: _____ City: _____ State: _____

Occupation: Husband's _____ Wife's _____

Contact

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____

Home Phone: _____ Fax: _____ Call first?

Business: (His) _____ Cell: (His) _____

Business: (Hers) _____ Cell: (Hers) _____

Children (If more than 4, please list under Additional Notes at the end of this form)

Name	Date of Birth	Race	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD(REN) TO BE ADOPTED INFORMATION

First Child

Full Birth Name: _____ DOB: _____ Race: _____

Place of Birth: Hospital _____

City _____ County _____ State _____

Place of Conception: City _____ State _____

Name as you want it to appear on the Amended Birth Certificate: _____

For vital bio records: Mother's Maiden Name: _____

STEP-PARENT ADOPTIVE INTAKE FORM

Second Child

Full Birth Name: _____ DOB: _____ Race: _____

Place of Birth: *Hospital* _____
City _____ County _____ State _____

Place of Conception: *City* _____ State _____

Name as you want it to appear on the Amended Birth Certificate: _____

For vital bio records: Mother's Maiden Name: _____

BIRTH MOTHER/BIRTH FATHER INFORMATION

Legal Name: *First* _____ *Middle* _____ *Last* _____

DOB: _____ Place of birth (state): _____ Race: _____

Last known address: _____
City: _____ State: _____ Zip: _____

Amount of visitation in the last 3 years: _____

Amount of child support paid in the last 3 years: _____

Were you married to the biological father/mother? _____

If yes, date of divorce: _____ County where finalized: _____ State: _____

Additional Notes

How did you hear about our office and why have you chosen to retain us?

We hereby give our permission for Raymond W. Godwin, Esq. to use any photos that we send him or his office for use on his website, pamphlets, booklets, or published material.

Digital Signature _____



to attach the completed Intake Form to an email and
send to our office via email at assistant@scadopt.net