

**OAKLAND COUNTY FAMILY COURT
ADOPTION SERVICES FACE SHEET**

FROM: (Agency, Attorney, Etc.)

SECTION 1 – ADOPTIVE FAMILY – MCL 710.23

NAME (Last, First, and Middle – Use Mr., Mrs., Miss, or Ms.)

NAME OF SPOUSE (First, Middle, Last)	MAIDEN NAME	DATE OF MARRIAGE AND PLACE
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ADDRESS (Number and Street or RFD)

CITY OR TOWN	STATE	ZIP CODE	COUNTY	TELEPHONE #
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PERSONAL CHARACTERISTICS AND BACKGROUND

MAN

WOMAN

NATIONALITY	RACE	NATIONALITY	RACE
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DATE OF BIRTH	SS#	DATE OF BIRTH	SS#
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PREVIOUS MARRIAGE	PREVIOUS MARRIAGE
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IF YES, DATE OF MARRIAGE	IF YES, DATE OF MARRIAGE
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DATE MARRIAGE TERMINATED	HOW MARRIAGE TERMINATED	DATE MARRIAGE TERMINATED	HOW MARRIAGE TERMINATED
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CHILDREN PRESENTLY IN HOUSEHOLD

OTHER PERSONS LIVING IN HOUSEHOLD OR DEPENDENTS

NAME	DATE OF BIRTH
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NAME	DATE OF BIRTH
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SECTION II – CHILD TO BE ADOPTED – MCL 710.27 (Birth Family Information)

NAME OF CHILD (First, Middle, Last)		TO BE CHANGED TO	
DATE OF BIRTH (Mo, Day, Year)	VERIFICATION ATTACHED Yes No	SEX	RACE
MCI WARD Yes No		COMMITTING COUNTY	NATIONALITY

NAME OF MOTHER AT TIME OF CHILD'S BIRTH

NAME OF MOTHER AT THIS TIME	RACE	ADDRESS
	D.O.B.	

NAME OF PUTATIVE FATHER	RACE	ADDRESS
	D.O.B.	

NAME OF LEGAL FATHER	RACE	ADDRESS
	D.O.B.	

SIBLINGS OF CHILD

NAME	DATE OF BIRTH	PLACEMENT

THIS REPORT REPRESENTS THE RESULTS OF THE STUDY OF THE ABOVE FAMILY AND CHILD

PREPARED BY: (Signature)	(Title – Social Worker, Attorney, Etc.)	DATE
TYPE/PRINT NAME		PHONE #