

**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

ADDRESS (Number and Street or RFD)

CITY OR TOWN

STATE

ZIP CODE

COUNTY

TELEPHONE #

PERSONAL CHARACTERISTICS AND BACKGROUND

PARENT

PARENT

DATE OF BIRTH

RACE

DATE OF BIRTH

RACE

CITY, STATE OF BIRTH

CITY, STATE OF BIRTH

PREVIOUS MARRIAGE

PREVIOUS MARRIAGE

IF YES, DATE OF MARRIAGE

IF YES, DATE OF MARRIAGE

DATE MARRIAGE TERMINATED

HOW MARRIAGE
TERMINATED

DATE MARRIAGE TERMINATED

HOW MARRIAGE
TERMINATED

CHILDREN PRESENTLY IN HOUSEHOLD

OTHER PERSONS LIVING IN HOUSEHOLD OR DEPENDENTS

NAME

DATE OF BIRTH

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	CITY, STATE OF BIRTH	COMMITTING COUNTY	COMPETING PARTY YES NO
NAME OF MOTHER AT TIME OF CHILD'S BIRTH			
NAME OF MOTHER AT THIS TIME	RACE D.O.B.	ADDRESS	
NAME OF PUTATIVE FATHER	RACE D.O.B.	ADDRESS	
NAME OF LEGAL FATHER	RACE D.O.B.	ADDRESS	
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)		DATE	
(Title – Social Worker, Attorney, Etc.)			
TYPE/PRINT NAME		PHONE #	