

Child(ren)'s last name at birth: _____

	<u>Child(ren)'s First and Middle Name</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Birth Place</u>	<u>Child(ren)'s Full Name After Adoption</u>
1.					
2.					
3.					
4.					

Adoption Agency (if any): _____

ADOPTIVE PARENT(S):

	<u>ADOPTIVE FATHER</u>	<u>ADOPTIVE MOTHER</u>
Full Legal Name (include birth/maiden name)		
Address		
E-Mail Address		
Telephone Number		
Birth Date		
Social Security Number		
Ethnic Background		

NATURAL PARENT(S):

	<u>FATHER</u> [<input type="checkbox"/>] Natural [<input type="checkbox"/>] Legal [<input type="checkbox"/>] Adjudicated	<u>MOTHER</u>
Name		
Address		
Telephone Number		
Birth Date		
Social Security Number		
Ethnic Background		
Legal Only Father: (Full Name and Address)		

The undersigned declares under penalty of perjury that the above information is true and correct.

DATE

SIGNATURE: [] Attorney [] Petitioner Pro Se [] Agency Representative



In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require an accommodation for a disability, please contact the ADA Coordinator at the Family Court Administration Office at PHONE NO. 244-2700, FAX 244-2704 OR email adarequest@courts.hawaii.gov at least ten (10) working days before your proceeding, hearing or appointment date.