	& Phone Number g, type Name, Address & Phone Number)	_
Petitioner(s), Pro Se pr Petitioner(s)	- - -
	IN THE FAMILY COURT	OF THE SECOND CIRCUIT
	STATE	OF HAWAI'I
A []MALE Born on: A []MALE Born on: A []MALE Born on:	of Adoption of []FEMALE []FEMALE []FEMALE []FEMALE by) FC-A NO) ADOPTION INFORMATION SHEET)))))))
[] the legal s	spouse of [] and))))
] the child(ren)'s legal parent] husband and wife [] civil union partners[] an unmarried person))))
	Petitioner(s))

ADOPTION INFORMATION SHEET

<u>Instructions:</u> The Attorney, Petitioner(s) Pro Se or the Agency completes this form. In "closed" or confidential adoptions, this page should not be revealed to the Petitioner(s) when completed. After the adoption has been completed, a copy of this form will be submitted to the Adoption Records Unit for its use upon receipt of disclosure requests. (See Section 578-15 of the Hawai`i Revised Statutes)

Child(ren)'s last name at birth:					
	Child(ren)'s First and Middle Name	<u>Sex</u>	Birth Date	Birth Place	Child(ren)'s Full Name After Adoption
1.					

Adoption Agency	(if any)			
Auopiion Agency	(II ally)	 		

ADOPTIVE PARENT(S):

3.

	ADOPTIVE FATHER	ADOPTIVE MOTHER
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> [] Natural [] Legal [] 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

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.

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