

Name, Address & Phone Number
(If Attorney filing, type Name, Address & Phone Number)

Petitioner(s), Pro Se
 Attorney for Petitioner(s)

IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

In the Matter of Adoption of) FC-A NO. _____
A MALE FEMALE)
Born on:) ADOPTION INFORMATION SHEET
A MALE FEMALE)
Born on:)
A MALE FEMALE)
Born on:)
A MALE FEMALE)
Born on:)
by)
[] the legal spouse of [] and)
[] the child(ren)'s legal parent)
[] husband and wife [] civil union partners)
[] an unmarried person)

Petitioner(s))

ADOPTION INFORMATION SHEET

Instructions: 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: _____

	<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

Americans with Disabilities Act Notice

If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:



Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.