

STATE OF DELAWARE ADOPTION DATA

Division of Family Services Form

CHILD INFORMATION									
1	Date of Birth				3	Race / Ethnicity	White		
2	Sex	Male					Black		
		Female					Hispanic		
							Amer Ind / Alaskan		
							Asian / Pacific Islander		
							Unknown / Other:		
BIRTH PARENT INFORMATION									
1	Parent 1				2	Parent 2			
	Date of Birth					Date of Birth			
	Race / Ethnicity	White				Race / Ethnicity	White		
		Black					Black		
		Hispanic					Hispanic		
		Amer Ind / Alaskan					Amer Ind / Alaskan		
		Asian / Pacific Islander					Asian / Pacific Islander		
		Unknown / Other:					Unknown / Other:		
	TPR	Voluntary				TPR	Voluntary		
		Involuntary					Involuntary		
		Date:					Date:		
3	Marital Status at Time of Birth (Mother only): Circle One Married Single Divorced Widowed Civil Union Unknown								
ADOPTION DETAIL									
1	Adoptive Placement Date:				2	Special Needs: Circle One Yes No			
3	Previous Placement(s)		Yes	No	4	Special Needs Basis: (Check only Primary)			
5	Siblings in Care		Yes	No		Race / Ethnic Background			
6	Placed with Siblings		Yes	No		Age			
						Sibling Group			
						Medical conditions, or mental, physical, emotional disability			
						Other			
7	Type of Disability: Check All That Apply				8	Adopted By:		Check One	
	Mental Retardation							Stepparent	
	Blind / Visually Impaired							Other Relative	
	Deaf – Hard of Hearing							Foster Parent	
	Physically Disabled							Non-Relative	
	Emotionally Disturbed								
	Learning Disability								
	Medical Condition								
	Other:								
9	Placed by: Check One				10	Supervised by (Social Report): Check One			
	DFS					DFS			
	Out-of-State Public (name)					Out-of-State Public (name)			
	A Better Chance For Our Children					A Better Chance For Our Children			
	Adoptions from the Heart					Adoptions from the Heart			
	Children and Families First					Children and Families First			
	Children's Choice, Inc					Children's Choice, Inc			
	Welcome House					Welcome House			

	Other Private (name)				Other Private (name)		
				11	Identified Adoption	Yes	No
12	Child Placed From:				Check One		
	This State				Indicate County		
	Another State				Indicate State		
	Another Country				Indicate Country		
ADOPTIVE PARENTS							
1	Marital Status at Time of Adoption Legalization: Circle One						
	Married	Single	Divorced	Widowed	Civil Union		
	SPOUSE				SPOUSE		
	Date of Birth:				Date of Birth:		
	Race / Ethnicity	White			Race / Ethnicity	White	
		Black				Black	
		Hispanic				Hispanic	
		Amer Ind / Alaskan				Amer Ind / Alaskan	
		Asian / Pacific Islander				Asian / Pacific Islander	
		Unknown / Other:				Unknown / Other:	
ADOPTIVE SUPPORT: If From Another State							
1	Is child receiving any Federal or State subsidy or service as a condition of adoption? Circle One Yes No						
2	Is this a non-recurring cost subsidy only? Circle One Yes No						

When the adoption petition is granted, the Clerk of the Court is to send this form to:

Adoption Services-DFS
DSCYF – DE Youth & Family Center
1825 Faulkland Road
Wilmington, DE 19805

Date of adoption finalization: _____ County: _____