

6. If the child was not received through an Intermediary:

The birth father of the child proposed to be adopted is:

Name

Address

Religious Affiliation

The birth mother of the child proposed to be adopted is:

Name

Address

Religious Affiliation

7. An itemized accounting of all monies and consideration paid or to be paid to the Intermediary is as follows:

8. The parent(s) whose parental rights are to be terminated (have) (have not) received counseling with respect to the termination and the alternatives thereto. If counseling was received, it was provided on the following dates:

and the name and address of the counselor or agency which provided the counseling is:

Name

Address

9. The date and circumstances surrounding the proposed adoptive parents receiving or retaining custody or physical care of the child proposed to be adopted are:

10. The date on which the pre-placement investigation was concluded is .

11. A copy of the pre-placement report is attached hereto.

I ACKNOWLEDGE THAT I HAVE BEEN ADVISED OR KNOW AND UNDERSTAND THAT THE BIRTH FATHER OR PUTATIVE FATHER MAY REVOKE THE CONSENT TO THE ADOPTION OF THIS CHILD WITHIN 30 DAYS AFTER THE LATER OF THE BIRTH OF THE CHILD OR THE DATE HE HAS EXECUTED THE CONSENT TO AN ADOPTION AND THAT THE BIRTH MOTHER MAY REVOKE THE CONSENT TO AN ADOPTION OF THIS CHILD WITHIN 30 DAYS AFTER THE DATE SHE HAS EXECUTED THE CONSENT.

Date: _____

Adoptive Parents