ARIZONA DEPARTMENT OF HEALTH SERVICES

Foreign-Born Adoption Worksheet

Please Print

State File Number

Child's Information (Adoptive)

First Name	Middle	Last	Suffix
Date of Birth	Race/Ethnicity		Gender
Place of Birth	Town	City	Country

Natural/Adoptive Mother/Parent Information

Current First Name	Middle	Last
Maiden Last Name	Date of Birth	
Place of Birth (State/ Country)	Social Security Number	
Usual Residence at the time of birth	Street Address	
City/Town	County	State/Country
Zip code	In City Limits? Yes ☐ No ☐	
Current Mailing Address	Street Address	
City/Town	County	State
Zip code		

Natural/Adoptive Father/Parent Information

Current First Name	Middle	Last	Suffix
Place of Birth (State /Country)			
Social Security Number	Date of Birth		

The **Adoptive Parents** must sign this form. By signing below, you are indicating that the above information is complete and correct. Please note the purpose of this worksheet is to collect the information required in A.A.C. R9-19-206 (B) that is not included in the adoption order. No further additions or changes may be made with this worksheet.

Print Name:	I attest the information provided on this form is accurate, true and valid to the best of my knowledge. Signature:	Date:
Print Name:	I attest the information provided on this form is accurate, true and valid to the best of my knowledge. Signature:	Date: