DECLARATION OF MOTHER

INSTRUCTIONS:

For Independent Adoptions:

This form must be completed prior to the signing of the Independent Adoption Placement Agreement (AD 924 or 925). The birth mother may request assistance of family members to complete this form. To ensure completeness, this form <u>must be filled out</u> by the birth mother with the assistance of an Adoption Service Provider (ASP).

For Independent adoptions that do not require ASP services the form may be used by the California Department of Social Services Adoption Office or Delegated County Adoption Agency to obtain information from the birth mother about any possible father(s).

For Agency Adoptions:

This form may be used by the Adoption Agency in obtaining information from the birth mother about any possible father(s).

INFORMATION ABOUT THE BIRTH MOTHER

I,NAME OF BIRTH MOTHER	, make the following statement in connection with the adoption plans for my child.
I am years old.	
Child's Name:	
	Place of a Birth:CITY, STATE
If not born, expected birth date:	MONTH, DAY, YEAR
Were you married when you became pregnant, d	luring the pregnancy, or when the child was born? \Box Yes \Box No
If yes, give husband's name:	
Last known address:	
Date and place of marriage:	
If you were married did your marriage end becau	se of: Divorce Death Annulment
If divorce or annulment, give date and place of th	e termination of your marriage:
MONTH, DAY, YEAR	PLACE
If deceased, give date and place of death:	
MONTH, DAY, YEAR	PLACE

QUESTIONS REGARDING POSSIBLE BIRTH FATHERS

(If more than one person may be the child's birth father,	please provide the following	y information <u>for each person</u>	whom you believe to
be the child's birth father.)			

There is more than one possible father:		Yes		No
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If yes, please give the name, address, phone number and birth date for each possible father:

_____ In addition to the above information, I am aware that I must complete this form (AD 880) for each possible father listed above.

INFORMATION ABOUT POSSIBLE BIRTH FATHER

	NAME, INCLUDING ANY ALIASES
He lives at:	
	ADDRESS
(If present add	lress unknown, give any known past addresses.)
He works for:	
lob titlo:	
Job lille:	POSITION, OR TYPE OF WORK
Give the name	es and addresses of any past employers, if known:
Is he in school	? Yes No Don't Know
If yos	
n yes,	NAME OF SCHOOL, CITY, STATE
Is he in the armed forces? Yes No Don't Know	
If	
If yes, what bra	anch of the armed forces is he enlisted in and where is he stationed?
Do vou know v	where or when the birth father was born? 🗌 Yes 🗌 No 🗌 Don't Know
	Place of Birth: ONTH, DAY, YEAR: OR AGE CITY, STATE

F	Mhara did you moat the birth father?	
5.	Where did you meet the birth father?	CITY, STATE
	When did you meet the birth father?	MONTH DAY YEAR
	How did you meet the birth father?	
6.	Do you know any of his friends or relatives?	
	If yes, give their names and addresses:	
7.	Did you and the birth father get married or try to ge married? \Box Yes	□ No
	If yes, give place and date:	TY, STATE, DATE
8.	Did you and the birth father ever live together? Yes No	IT, STATE, DATE
	If yes, where and when?	
	_	ET ADDRESS, CITY, STATE
	Fromtoto	MONTH, DAY, YEAR
	When you lived together, were there any other persons who lived with you	ou? 🗌 Yes 🗌 No
	If yes, give their names and present addresses:	
9.	Did (or does) the birth father know you were pregnant with his child?	Yes 🗌 No 🗋 Don't Know
	Did you tell him he is the child's father? Yes No	
	Has he ever given you any money or items to help with the pregnancy or	r child support expenses? 🗋 Yes 🔲 No
	If yes, what did he give you (if money, state amounts), and when?	
	,,	
	Have you ever refused to take his money or items to help with the pregna	ancy or child support expenses? L Yes L No
	If yes, explain:	
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	Has he promised you in writing to help support the child?	No
	If yes, where is the written agreement?	

10.	Is the birth father married to another woman? 🗌 Yes 🗌 No 🗌 Don't Know			
	If yes, when, where, and in what manner?			
	If yes, has he offered to take the child into his home? Yes No Don't Know If yes, has he in fact taken the child into his home? Yes No Don't Know			
11.	Has the birth father ever acknowledged that he is the father of the child? 🗌 Yes 🗌 No 🗌 Don't Know			
	If yes, when, where, and in what manner?			
	Has the birth father ever told anyone he is the father? Yes No Don't Know			
	If yes, give names and addresses of persons he has told, and the circumstances:			
12.	Did you and the birth father sign a Voluntary Declaration of Paternity? 🗌 Yes 🗌 No			
	If yes, when and where was the declaration signed?			
13.	Has the child ever lived with the birth father rather than with you? Yes No If yes, give dates: From to to			
14.	MONTH, DAY, YEAR MONTH, DAY, YEAR Has the birth father ever written to, spoken to, or visited with the child? Yes No Don't Know If yes, what did he do, when, and how many times (state in numbers):			
	Have you ever refused to let him write to, speak to, or visit with the child? Yes Don't Know If yes, explain:			
15.	Has a paternity test been administered to the child and any possible fathers? Yes No			
	If yes, who administered the tests and what were their results?			
16.	Has a court ordered the birth father to help support the child? Yes No Don't Know If yes, which court, when, and in what amounts?			
17.	Has any legal action been brought to determine custody or paternity of the child? Yes Don't Know			
	If yes, who brought the action, where, and when?			
	Has the legal action been resolved? Yes No Don't Know			
	If yes, how?			
	If ves, where?			
	NAME OF COURT, CITY, STATE			

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18.	Have you discussed adoption of the child with the birth father? Yes No			
	Do you think he would agree to an adoption if that is what you wished?	٥I	Don't Know	

ADDITIONAL QUESTIONS

1. The identity of the birth father of the minor is unknown to me because:

2. I am unable to identify the birth father of the minor because:

DECLARATION AND SIGNATURES

INITIAL

INITIAL	ENALTY OF PERJURY THAT THE FOREGOIN	G IS TRUE AND CORRECT.
Executed at		on
	CITY, STATE	MONTH, DAY, YEAR
The foregoing Declaration of Mothe	er form was signed on:	
by		in the presence of
MONTH, DAY, YEAR	SIGNATURE OF BIRTH MOTH	IER
MONTH, DAY, YEAR	WITNESS NAME	WITNESS SIGNATURE

WITNESS ADDRESS