

# ADOPTION - Minor(s)

| CUSTOMER INFORMATION                                    |                                                              |                     |
|---------------------------------------------------------|--------------------------------------------------------------|---------------------|
| Contact Person:                                         | NLF Rep: <i>(internal use only)</i>                          |                     |
| Street Address:                                         | Cell Phone:                                                  |                     |
| City, State, Zip Code:                                  | Alternate Phone:                                             |                     |
| <b>EMAIL</b> <i>(required)</i> :                        |                                                              |                     |
| INFORMATION                                             |                                                              |                     |
|                                                         | Stepfather Adoption                                          | Stepmother Adoption |
| Biological Parent Information                           | Mother                                                       | Father              |
| (1) Full Name:                                          |                                                              |                     |
| (2) SSN:                                                | (3) Date of Birth:                                           |                     |
| (4) Street Address:                                     |                                                              |                     |
| (5) City, State, Zip Code:                              |                                                              |                     |
| (6) Phone Number:                                       |                                                              |                     |
| (7) Email Address:                                      |                                                              |                     |
| (8) Date moved to Nevada:                               |                                                              |                     |
|                                                         |                                                              |                     |
| Stepparent Information                                  | Stepfather                                                   | Stepmother          |
| (9) Full Name:                                          |                                                              |                     |
| (10) SSN:                                               | (11) Date of Birth:                                          |                     |
| (12) Street Address:                                    |                                                              |                     |
| (13) City, State, Zip Code:                             |                                                              |                     |
| (14) Phone Number:                                      |                                                              |                     |
| (15) Email Address:                                     |                                                              |                     |
| (16) Date moved to Nevada:                              |                                                              |                     |
|                                                         |                                                              |                     |
| (17) Date of Marriage:                                  | (18) City/State of Marriage:                                 |                     |
|                                                         |                                                              |                     |
| Child(ren) Information                                  | <i>Child(ren) must sign a consent if over the age of 14.</i> |                     |
| Child 1:                                                | Male                                                         | Female              |
| (19) Full Name:                                         |                                                              |                     |
| (20) SSN:                                               | (21) Date of Birth:                                          |                     |
| (22) City/State of Birth:                               |                                                              |                     |
| (23) Child's Ethnic Ancestry:                           |                                                              |                     |
| (24) Name the Child will use after the Adoption:        |                                                              |                     |
| (25) Month and Year child began living with Stepparent: |                                                              |                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------|
| Child 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Male | Female              |
| (26) Full Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |                     |
| (27) SSN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | (28) Date of Birth: |
| (29) City/State of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                     |
| (30) Child's Ethnic Ancestry:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |                     |
| (31) Name the Child will use after the Adoption:                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |                     |
| (32) Month and Year child began living with Stepparent:                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                     |
| <i>(Add any additional child(ren) in the Notes section)</i>                                                                                                                                                                                                                                                                                                                                                                                                                       |      |                     |
| Do you wish a new birth certificate be issued after the adoption to reflect the adoptive parent in lieu of the birth parent and/or to reflect any new name for the child(ren)?                                                                                                                                                                                                                                                                                                    |      |                     |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      | No                  |
| <p><b>Other Biological Parent's Information</b></p> <p>Note: The other biological parent either:</p> <p style="padding-left: 40px;">Consents to the Adoption and will <b>voluntarily sign a consent</b> document; or</p> <p style="padding-left: 40px;">Their parental rights have been terminated by a court of law (<b>must provide a copy of the court order</b>); or</p> <p style="padding-left: 40px;">Is deceased (<b>must provide a copy of the death certificate</b>)</p> |      |                     |
| (33) Full Name of other biological parent:                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                     |
| Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                     |