

**ADOPTION INFORMATION**  
**(Complete and Return to Greenlee Co Attorney)**

FULL NAME OF CHILD      Birth Date      Birth Place (City, County, State)  
\_\_\_\_\_

Name and address of Hospital Child born in: \_\_\_\_\_  
\_\_\_\_\_

Residence of Adoptive mother at time of Child's birth (Street address, City, Co., State)  
\_\_\_\_\_

FULL NAME OF NATURAL FATHER: \_\_\_\_\_

Address: \_\_\_\_\_

Have the Natural Father's rights been severed? \_\_\_\_\_ If Yes, when and by what Court?  
\_\_\_\_\_

(Please obtain a set of Certified Copies from the Court severing these rights)

FULL MAIDEN NAME OF NATURAL MOTHER: \_\_\_\_\_

Address: \_\_\_\_\_

Have the Natural Mother's rights been severed? \_\_\_\_\_ If Yes, when and by what Court?  
\_\_\_\_\_

(Please obtain a set of Certified Copies from the Court severing these rights)

**Full Name of Adoptive/Natural Father:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Years in Arizona \_\_\_\_ Greenlee County: \_\_\_\_\_ Occupation: \_\_\_\_\_

Prior State of Residence \_\_\_\_\_

**Full name of Adoptive/Natural Mother:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Years in Arizona \_\_\_\_ Greenlee County: \_\_\_\_ Occupation: \_\_\_\_\_

Present Address (include mailing): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place: \_\_\_\_\_

Prior State of Residence \_\_\_\_\_

Describe any Property Owned by Child (if none, leave blank) \_\_\_\_\_

**New Name of Child:** \_\_\_\_\_

**\*\*\* WE WILL NEED A CERTIFIED COPY OF CHILD'S BIRTH CERTIFICATE  
BEFORE THE FINAL HEARING OF ADOPTION \*\*\***

The Superior Court Judge will issue a date of final hearing for the adoption. In cases where a step-parent is adopting the natural child of his/her spouse, that date is about 60 days after filing.

If you have questions, please contact the County Attorney at 928-865-4108.