

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	STATEMENT OF IDENTIFYING INFORMATION	FILE NO.
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In the matter of adoptee _____ Full name of child DOB: _____

1. I am assisting the parent guardian in this adoption.

2. The parties have elected not to exchange identifying information.

3. The surname and current place of residence of the adoptee are _____
Name

Address

4. The name and address of each parent are:

Name and address of mother

Name and address of father

5. The name and address of the court-appointed guardian of the adoptee are _____
Name

Address

I declare that this statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of attorney or agency representative

Name of attorney or agency representative (print) Bar no.

Name of firm or child-placing agency

Address

City, state, zip Telephone no.

Do not write below this line - For court use only