

# ADOPTION - Adult

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> :	
PETITIONER'S INFORMATION	
(1) Full Name:	
(2) Date of Birth:	(3) SS#:
(4) Street Address:	
(5) City, State, Zip Code:	
(6) Phone Number:	
(7) Email Address:	
(8) Date moved to Nevada:	
(9) Relationship to the adult being adopted:	
(10) How long has the Petitioner and the adult being adopted known each other:	
ADULT TO BE ADOPTED	
(11) Full Name:	
(12) Date of Birth:	(13) SS#:
(14) Street Address:	
(15) City, State, Zip Code:	
(16) Phone Number:	
(17) Email Address:	
(18) Date moved to Nevada:	
(19) City/State of Birth:	
(20) Name the adult wishes to be known as after the adoption:	
(21) Name of Birth Mother:	
(22) Name of Birth Father:	
Notes:	