

**Complete and email form to [judy.schult@orleanscountyny.gov](mailto:judy.schult@orleanscountyny.gov)**

**Inquiry Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

Spouse/sig. other \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

Marital Status: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School District: \_\_\_\_\_

Other household members:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Interest:

Foster Care/Adoptions

Foster Care Only

Adoption Only