

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

IN THE MATTER OF THE ADOPTION OF

CASE NO.: _____

{use name to be given to the minor child(ren)} Adoptee(s).

**PETITION FOR ADOPTION OF A MINOR RELATIVE:
AFFIDAVIT OF DILIGENT SEARCH**

I, {full legal name} _____, being sworn, certify that the following information is true:

1. I am related to the minor child(ren) in the following manner:

2. The names and last known addresses of the child(ren)'s parents:

{mother - name} _____

as of {date} _____ was:

Address _____ City _____ State _____ Zip _____

Telephone No. _____

Last known employment, as of {date} _____, was:

Name of Employer

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

{father - name} _____

as of {date} _____ was:

Address _____ City _____ State _____ Zip _____

Telephone No. _____

Last known employment, as of {date} _____, was:

Name of Employer _____

Address _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

3. The parents' current residences are not known and cannot be determined, although I have made a diligent search and inquiry to locate the parents through the following:
You must search ALL of the following sources of information and state the results.

United States Post Office inquiry through the Freedom of Information Act for the person's current address or any previous address.

Result of search:

Mother _____

Father _____

Last known employment of the other parent, including name and address of employer.

Result of search:

Mother _____

Father _____

Regulatory agencies, including professional or occupational licensing, in the area where the other parent last resided.

Result of search:

Mother _____

Father _____

Names and addresses of relatives to the extent such can be reasonably obtained from the petitioner or other sources, contacts with those relatives and inquiry as to the other parent's last known address. You are to follow up any leads of any addresses where the other parent may have moved.

Result of search:

Mother _____

Father _____

Information about the other parent's possible death and, if dead, the date and location.

Result of search:

Mother _____

Father _____

Telephone listings in the area where the other parent last resided.

Result of search:

Mother _____

Father _____

Law enforcement agencies in the area where the other parent last resided.

Result of search:

Mother _____

Father _____

Highway Patrol records in the state where the other parent last resided.

Result of search:

Mother _____

Father _____

Department of Corrections records in the state where the other parent last resided.

Result of search:

Mother _____

Father _____

Hospitals in the last known area of the other parent's residence.

Result of search:

Mother _____

Father _____

Records of utility companies, which include water, sewer, cable TV, and electric in the last known area of the other parent's residence.

Result of search:

Mother _____

Father _____

Records of the Armed Forces of the U.S. and their response as to whether or not there is any information about the other parent. (See Florida Supreme Court Approved Family Law Form 12.912(a), Memorandum for Certificate of Military Service.)

Result of search:

Mother _____

Father _____

Records of the tax assessor's and tax collector's office in the area where the other parent last resided.

Result of search:

Mother _____

Father _____

Search of one Internet databank locator service.

Result of search:

Mother _____

Father _____

Title IV-D (child support enforcement) agency records in the state of the other parent's last known address.

Result of search:

Mother _____

Father _____

{if applicable}:

A search of the Putative Father Registry maintained by the Office of Vital Statistics of the Department of Health has been requested, and if granted, the certificate from the State Registrar will be filed in this action.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Petitioner

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Designated E-mail Address(es): _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

_____ Personally known

_____ Produced identification

Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the petitioner.

This form was completed with the assistance of:

{name of individual} _____,
{name of business} _____,
{address} _____,
{city} _____, *{state}* _____, *{zip code}* _____, *{telephone number}* _____.