❑ District Court ❑ Denver Juvenile Court _____ County, Colorado Court Address: _____ **IN THE MATTER OF THE ADOPTION OF:** **Birth Name of Adoptee (If known)** **AND CONCERNING** **Current Legal Name of Petitioner**	▲ **COURT USE ONLY** ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail: FAX Number: Atty. Reg.#:	Case Number: Division Courtroom

AFFIDAVIT OF A BIRTH MOTHER WHO USED A FICTITIOUS NAME AT THE TIME OF RELINQUISHMENT OF A CHILD

I, _____, declare under oath that:

My current address is: _____.

(Street Address, City, State, Zip)

My date of birth is: _____

My current telephone numbers are: (Home) _____ (Work) _____

At the time of the relinquishment of my child, I used the alias: _____

My legal name at the time of the relinquishment was:_____

My maiden name was: _____

At relinquishment my child's name was: _____ ❑ Fictitious ❑ Non-Fictitious surname.

If known, what was the name of the agency awarded custody of the child? _____

If known, adoption agency handling relinquishment/termination: _____

At relinquishment my age was: _____ My occupation was: _____

If a student, what year of high school/college? _____

My city and state of residence was: _____

My height was: _____ My weight was: _____

My parents ❑ were aware ❑ were unaware of my pregnancy.

Name of my mother: _____ Name of my father: _____

Were there any health problems ❑ of self ❑ of parents? Specify: _____

_____

I ❑ was ❑ was not married to the father of my child

I ❑ was ❑ was not married. If married, name of spouse: _____

I ❑ was ❑ was not in a maternity home. Name of home: _____

Address of home: _____

What was the name of the birth father listed in the relinquishment? _____

His age was: _____ His occupation was: _____

If a student, what year of high school/college? _____

His city and state of residence was: _____

His height was: _____ His weight was: _____

Did ❑ he ❑ his parents have any health problems? Specify: **fjaklf**

_____

A copy of my birth certificate is submitted with this Affidavit.

Date: _____ _____
Petitioner

SUBSCRIBED under oath before me on _____in the County of _____,
(date)

State of _____.

My commission expires: _____ _____
Notary Public