

**GEORGIA DEPARTMENT OF HUMAN SERVICES
ADOPTIVE MOTHER'S AFFIDAVIT**

NOTICE TO MOTHER: This is an important legal document which deals with your child's right to have it's legal father's rights properly terminated. Understand that you are providing this affidavit under oath and that the information provided will be held in strict confidence and will be used only in connection with the adoption of your child.

STATE OF GEORGIA

County of _____

Personally appeared before me, the undersigned officer duly authorized to administer oaths.

_____ who, after having been sworn, deposes and says as follows:

That my name is _____

That I am the adoptive mother of a ☐ (male) ☐ (female) child born _____
(Name)

in the State of _____, County of _____, on _____
(Date of Birth)

That I am _____ years of age, having been born in State of _____,
County of _____, on _____
(Date of Birth)

That my marital status is (*check status and complete appropriate information*):

☐ Single, never having been married

☐ Separated but not legally divorced; the name of my spouse is _____ ;
his last known address is _____ ;

we were married in the State of _____, County of _____, on _____ ;

we have been separated since _____ ; my spouse ☐ (did) ☐ (did not) also adopt said child;
my spouse ☐ (is) ☐ (is not) the biological father of said child.

☐ Divorced, the name of my previous spouse is _____ ; we were
married in the State of _____, County of _____, on _____ ; his
last known address is _____

divorce granted in the State of _____, County of _____, on _____ ;

My previous spouse ☐ (did) ☐ (did not) also adopt said child: my previous spouse ☐ (is) ☐ (is not) the
biological father of said child

☐ Legally Married; the name of my spouse is _____ ; we were married in
The State of _____ ; County of _____ , on _____ ; his last known
address is _____ ;

My spouse ☐ (did) ☐ (did not) also adopt said child; my spouse ☐ (is) ☐ (is not) the biological father of said child.

☐ Married through common-law marriage relationship; the name of my spouse is _____ ;
his last known address is _____ ;

The date and place our relationship began is _____ State of _____
(Date)
County of _____ . My spouse ☐ (did) ☐ (did not) also adopt said child ; my spouse ☐ (is)

☐ (is not) the biological father of said child.

☐ Widowed: the name of my deceased spouse is _____ ; we were
married in the State of _____ , County of _____ , on _____ ; and he
died on _____ in the County of _____ , State of _____ ;
he ☐ (did) ☐ (did not) also adopt said child; he ☐ (was) ☐ (was not) the biological father of said child.

I adopted my child in the State of _____ , County of _____ ;

That the final order of adoption was entered on _____ ;

That there ☐ (was) ☐ (was not) an adoption agency involved in the placement of my child with me for
adoption; and if so its name was _____ ,
and its address is _____ .

That I have received or been promised the following financial assistance, either directly or indirectly, from whatever
source, in connection with my child's placement for adoption: _____

That I recognize if I knowingly and willfully make a false statement in this affidavit, I will be guilty of the crime
of false swearing.

Signature of Adoptive Mother

Sworn to and subscribed before me this _____ day of _____ , _____

(SEAL)
Notary Public

My Commission Expires _____