



Date: _____

Child's Name: _____

Date of Birth: _____

Parent's Names (Please Print): _____

We have read the Pre-Adopt Review Form and understand the processes, fees, and responsibilities outlined in the document. We agree to the terms and conditions set forth for services.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please complete this form and email it to us at
adoption@uabmc.edu

