

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> IN THE MATTER OF THE ADOPTION OF: Birth Name of Adoptee (If known) <div style="text-align: center;">AND CONCERNING</div> 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: _____

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

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

VERIFICATION

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the _____ day of _____, _____, at _____
(date) (month) (year) (city or other location, and state OR country)

(Printed name of Petitioner)

Signature of Petitioner