

**IN THE DISTRICT COURT OF _____ COUNTY
STATE OF OKLAHOMA**

IN THE MATTER OF:

_____	DOB: _____)	
_____	DOB: _____)	
_____	DOB: _____)	
_____	DOB: _____)	Case No. _____
_____	DOB: _____)	Judge _____
_____	DOB: _____)	
_____	DOB: _____)	

Alleged Deprived Child(ren) under 18 years

DECLARATION OF KINSHIP PERSONS

I, (Name of Declarant) pursuant to 10A O.S. §1-4-203(4) submit the names and contact information concerning the following relatives (grandparents, aunts, uncles, brother and sisters, half-siblings and first cousins) and a comment about whether the relative might be willing and appropriate to provide a home for my child(ren). In case there are no appropriate relatives, then I submit the names and contact information of any appropriate non-relative persons who have a substantial relationship with my child(ren) and a comment about whether the person might be appropriate and able to provide a home for my child(ren).

I know it is important for my child(ren) to stay connected to important people in his or her life lives while in the care of the Oklahoma Department of Human Services and I understand that the information I am providing here will also be used to plan visitation, contact, and possible placement for my child(ren).

Person's name completing this form	Your relationship to the child(ren)
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Child #1

Child's full legal name	Date of birth
Child's mother's name	Child's father's name

Child #2

Child's full legal name	Date of birth
Child's mother's name	Child's father's name

Child #3

Child's full legal name	Date of birth
Child's mother's name	Child's father's name

Child #4

Child's full legal name	Date of birth
Child's mother's name	Child's father's name

Grandparents

Grandparent's name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father			Age/DOB	Spouse's name	
Street address	City	State	Zip	Home phone	Cell phone	
Work phone	Employer and address					

Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, please explain: _____					
Grandparent's name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father			Age/DOB	Spouse's name
Street address	City	State	Zip	Home phone	Cell phone
Work phone	Employer and address				
Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, please explain: _____					
Grandparent's name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father			Age/DOB	Spouse's name
Street address	City	State	Zip	Home phone	Cell phone
Work phone	Employer and address				
Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, please explain: _____					
Grandparent's name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father			Age/DOB	Spouse's name
Street address	City	State	Zip	Home phone	Cell phone
Work phone	Employer and address				
Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, please explain: _____					

Adult aunts, uncles, brothers, sisters, half-siblings, first cousins, and other adult relatives or persons with whom the child has had a substantial relationship

Name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship	Age/DOB	Spouse's name	
Street address	City	State	Zip	Home phone	Cell phone
Work phone	Employer and address				

Would this person be an appropriate placement for the child? Yes No
 If no, please explain: _____

Name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship	Age/DOB	Spouse's name	
Street address	City	State	Zip	Home phone	Cell phone
Work phone	Employer and address				

Would this person be an appropriate placement for the child? Yes No
 If no, please explain: _____

Name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship	Age/DOB	Spouse's name	
Street address	City	State	Zip	Home phone	Cell phone
Work phone	Employer and address				

Would this person be an appropriate placement for the child? Yes No
 If no, please explain: _____

Name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship	Age/DOB	Spouse's name	
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Street address	City	State	Zip		
Home phone	Cell phone	Work phone			
Employer and address					
Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____					
Name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship	Age/DOB	Spouse's name	
Street address	City	State	Zip		
Home phone	Cell phone	Work phone			
Employer and address					
Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____					
Name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship	Age/DOB	Spouse's name	
Street address	City	State	Zip	Home phone	Cell phone
Work phone	Employer and address				
Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____					
Name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship	Age/DOB	Spouse's name	

Street address	City	State	Zip	Home phone	Cell phone
Work phone	Employer and address				
Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____					
Name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship		Age/DOB	Spouse's name
Street address	City	State	Zip		
Home phone	Cell phone	Work phone			
Employer and address					
Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____					
Name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship		Age/DOB	Spouse's name
Street address	City	State	Zip	Home phone	Cell phone
Work phone	Employer and address				
Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____					
Name	Related to: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship		Age/DOB	Spouse's name
Street address	City	State	Zip	Home phone	Cell phone

Work phone	Employer and address
Would this person be an appropriate placement for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____	

DECLARATION UNDER PENALTY OF PERJURY

I, (Name of Declarant), state under penalty of perjury under the laws of Oklahoma that the foregoing information concerning relatives and non-relatives of my child(ren) is true and correct to the best of my information and belief.

SUBSCRIBED on this ____ day of _____, 20__ at _____, Oklahoma.

Declarant's Signature