



Connecting Hearts  
Adoption Services  
*Connecting hearts. Building families.*

### **Health Insurance Verification**

This is to verify that I/we have health insurance through \_\_\_\_\_  
and that any adopted child is covered under this policy from his/her date of birth.

**Attached is a copy of our health insurance card.**

\_\_\_\_\_  
Adoptive Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adoptive Father

\_\_\_\_\_  
Date

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### **Guardianship Appointee**

Do you have a legal will? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, date of will \_\_\_\_\_

In the event of the deaths or incapacitation of (Name of Parents) \_\_\_\_\_,

I/ We have instructed the following person(s) to assume guardianship of our child(ren):

NAME: \_\_\_\_\_

Relationship \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

Profession of Male Guardian: \_\_\_\_\_ Age \_\_\_\_\_

Profession of Female Guardian: \_\_\_\_\_ Age \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Adoptive Parent

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
Adoptive Parent