

**IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY  
STATE OF OKLAHOMA**

**IN THE MATTER OF:**

_____	DOB: _____	)	
_____	DOB: _____	)	
_____	DOB: _____	)	<b>Case No.</b> _____
_____	DOB: _____	)	
_____	DOB: _____	)	<b>Judge</b> _____
_____	DOB: _____	)	
_____	DOB: _____	)	

**Alleged Deprived Child(ren) under 18 years**

**DECLARATION OF KINSHIP PERSONS**

I, \_\_\_\_\_ pursuant to 10A O.S. §1-4-203(4) submit the names and contact information concerning the following relatives (grandparents, aunts, uncles, brothers 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 _____

**Child #5**

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? <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 _____	
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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: _____					
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, \_\_\_\_\_ 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