IN THE DISTRICT COURT OF ____ COUNTY
STATE OF OKLAHOMA

IN THE MATTER OF:

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

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: ☐ mother ☐ 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? ☐ Yes ☐ No If no, please explain: _____					
Grandparent's name _____	Related to: ☐ mother ☐ 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? ☐ Yes ☐ No If no, please explain: _____					
Grandparent's name _____	Related to: ☐ mother ☐ 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? ☐ Yes ☐ No If no, please explain: _____					

Grandparent's name	Related to: ☐ mother ☐ 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? ☐ Yes ☐ 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: ☐ mother ☐ 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: ☐ mother ☐ 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: ☐ mother ☐ 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: ☐ mother ☐ 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: ☐ mother ☐ 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: ☐ mother ☐ 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: ☐ mother ☐ 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: ☐ mother ☐ 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: ☐ mother ☐ 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: ☐ mother ☐ 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: _____					

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