



SEXUAL OFFENDER REGISTRY CONSENT

I hereby authorize Kemp Counseling and Consulting Services, located at: 4720 Salisbury Road; Jacksonville, FL 32256, to check Florida's Sexual Offenders Registry so the results can be incorporated into my adoption home study report.

Adoptive Father: _____
Last First Middle

Adoptive Father's Signature Date

Adoptive Mother: _____
Last First Middle

Adoptive Mother's Signature Date

Home Address: _____
Street Apt No.

City State Zip Code County

Others in the home over 18 years of age:

1) _____
Last First Middle

Signature Date

2) _____
Last First Middle

Signature Date