

## Adoption Application

Family name: \_\_\_\_\_, Address: \_\_\_\_\_, County: \_\_\_\_\_, Home telephone \_\_\_\_\_, Rent \_\_\_\_\_, Own \_\_\_\_\_, Monthly payments \_\_\_\_\_, Mortgage value \_\_\_\_\_, Number of rooms \_\_\_\_\_, Number of bedrooms \_\_\_\_\_.

Others in household:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_.

Marriage date: \_\_\_\_\_, Location: \_\_\_\_\_, License number \_\_\_\_\_.

Have you, as a married couple, ever applied to adopt a child through another source? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, where did you apply? \_\_\_\_\_. Date applied \_\_\_\_\_ Status \_\_\_\_\_.

Information pertaining to husband:

Name: First \_\_\_\_\_, Middle \_\_\_\_\_, Last \_\_\_\_\_.

Birth date \_\_\_\_\_, Birth place \_\_\_\_\_, Race \_\_\_\_\_.

Nationality \_\_\_\_\_, Citizenship \_\_\_\_\_, Religion \_\_\_\_\_.

Physical description: Height \_\_\_\_\_, Weight \_\_\_\_\_, Hair color \_\_\_\_\_, Eye color \_\_\_\_\_, Complexion \_\_\_\_\_.

Education:

Name and location of high school \_\_\_\_\_.  
Date and grade of high school completed \_\_\_\_\_.

Same information for any college \_\_\_\_\_, Degree \_\_\_\_\_.

Employment: Company name \_\_\_\_\_, Address \_\_\_\_\_, Telephone number \_\_\_\_\_, Date begun \_\_\_\_\_, Annual salary \_\_\_\_\_, Work hours \_\_\_\_\_, Position title \_\_\_\_\_, Type of work \_\_\_\_\_, Social Security number \_\_\_\_\_.

If you were in the Armed Forces, please give A.F. number \_\_\_\_\_.

Were you ever previously married? Yes \_\_\_\_\_, No \_\_\_\_\_, When \_\_\_\_\_, Where \_\_\_\_\_, Former spouse's name \_\_\_\_\_, Date marriage terminated \_\_\_\_\_, Where \_\_\_\_\_, By: Divorce? \_\_\_\_\_, Who filed? \_\_\_\_\_, Death? \_\_\_\_\_.

Information pertaining to wife:

Name: First \_\_\_\_\_, Middle \_\_\_\_\_, Last \_\_\_\_\_.

Maiden name \_\_\_\_\_, Previous married names \_\_\_\_\_.

Birth date \_\_\_\_\_, Birth place \_\_\_\_\_, Race \_\_\_\_\_.

Nationality \_\_\_\_\_, Citizenship \_\_\_\_\_, Religion \_\_\_\_\_.

Physical description: Height \_\_\_\_\_, Weight \_\_\_\_\_, Hair color \_\_\_\_\_, Eye color \_\_\_\_\_, Complexion \_\_\_\_\_.

Education:

Name and location of high school \_\_\_\_\_.

Date and grade of high school completed \_\_\_\_\_.

Same information for any college \_\_\_\_\_, Degree \_\_\_\_\_.

Employment: Company name \_\_\_\_\_, Address \_\_\_\_\_, Telephone number \_\_\_\_\_, Date begun \_\_\_\_\_, Annual salary \_\_\_\_\_, Work hours \_\_\_\_\_, Position title \_\_\_\_\_, Type of work \_\_\_\_\_, Social Security number \_\_\_\_\_, A.F. number \_\_\_\_\_.

Were you ever previously married? Yes \_\_\_\_\_, No \_\_\_\_\_, When \_\_\_\_\_, Where? \_\_\_\_\_, Former spouse's name \_\_\_\_\_, Date marriage terminated \_\_\_\_\_, Where \_\_\_\_\_, By: Divorce? \_\_\_\_\_, Who filed \_\_\_\_\_, Death? \_\_\_\_\_.

Financial information:

Please attach a separate page listing stocks, bonds interest from savings or any other income or assets (please be specific with names and amounts), all debts and liabilities, all insurance policies (please give company name, what type of insurance, who is insured, amounts of coverage and name of beneficiary).

Emergency contact: Name \_\_\_\_\_, Relationship \_\_\_\_\_, Address \_\_\_\_\_, Telephone numbers (Day) \_\_\_\_\_ (*Evening*), \_\_\_\_\_.

Please attach to your application, a recent photograph of family members: Husband, Wife, Child or Children (Polaroid photographs are acceptable).