

Adoptive Father Information:

Date of Birth _____ Place of Birth _____

Social Security Number _____ Race _____ Weight _____ Height _____

Highest Level of Education Obtained _____

Name of College and major *(if applicable)* _____

Occupation _____ Employer's Name _____

Employer's Address _____

How long have you been employed by the above employer? _____

Weekly hours worked _____ Approx. Yearly Income _____

Religion (List Specific Denomination) _____

Have you been married previously? Yes No

If yes, please list the dates of prior marriages. _____

Are there any children from a prior marriage or relationship? Yes No

If yes, please list living and custody arrangements

Adoptive Mother Information:

Date of Birth _____ Place of Birth _____

Social Security Number _____ Race _____ Weight _____ Height _____

Highest Level of Education Obtained _____

Name of College and major *(if applicable)* _____

Occupation _____ Employer's Name _____

Employer's Address _____

How long have you been employed by the above employer? _____

Weekly hours worked _____ Approx. Yearly Income _____

Religion (List Specific Denomination) _____

Have you been married previously? Yes No

If yes, please list the dates of prior marriages. _____

Are there any children from a prior marriage or relationship? Yes No

If yes, please list living and custody arrangements

Adoption Information:

Are you considering international adoption? Yes No

If yes, from which country? _____

Have you chosen a placement agency? Yes No

If yes, please give the following information:

Agency Name: _____

Address: _____
(street) (city) (state) (zip code)

Contact Name: _____ Phone Number: _____

Ages & # of child(ren) you are interested in adopting _____

Sex of child(ren) you are interested in adopting _____

Are you considering trans-racial adoption? Yes No

If yes, explain: _____

Are you considering special needs adoption? Yes No

If yes, what special needs would you consider: _____

Have you adopted before? Yes No From Where? _____

How did you hear of our adoption services?

The Yellow Pages Another Phone Book Internet Newspaper

Personal Referral (List Name) _____

Physician Referral (List Name) _____

Other: (Please Explain:) _____

Adoptive Father Signature

Date

Adoptive Mother Signature

Date

AGENCY PERSONNEL ONLY

Information entered in AIRS: Yes No Date: _____

Date Application Received: _____ Approved by: _____

Date Formal Application: _____ Sent by: _____

Payment Received: _____ Check #: _____