

Kentucky Adoption Services, Inc.
3808 South Griffith Avenue
Owensboro, KY 42301
270-684-2598

PRELIMINARY APPLICATION FOR ADOPTION SERVICES

NON-MARRIED APPLICANT

A non-refundable \$50 processing fee is due with this application.

NAME:

Adoptive Parent: _____
(first) (middle) (last)

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

How long have you resided at the above address? _____

Please list all previous addresses for the past 10 years and the dates of residence. If you are unable to recall the street names, please include the city and state.

Home Phone: _____ Cell Phone: _____

Work Phone: _____

E-mail Address: _____ Fax Number: _____

Is it alright to call you at work? _____

What is the best times to reach you and where? _____

Please list all the members of your household, including their age and their relationship to the adoptive applicants.

Applicant's Information:

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Race: _____

Highest Level of Education Obtained: _____

Name of College and major (if applicable): _____

Occupation: _____ Employer: _____

Address of Employer: _____

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

Weekly hours worked: _____

Approximate Yearly Income: _____

Religion: _____

Have you been married in the past? _____

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

Are there any children from a prior marriage or relationship? _____

If yes, please list living and custody arrangements: _____

Adoption Information:

Are you considering international adoption? _____

If yes, from which country? _____

Have you chosen a placement agency? If yes, please list: _____

Age of child you are interested in adopting: _____

Sex of child you are interested in adopting: _____

Are you considering trans-racial adoption? _____

Are you considering special needs adoption? _____

Have you adopted before? _____

How did you hear of our adoption services?

The Yellow Pages _____ Radio Ad _____ Personal Referral _____

Another Phone Book _____ Newspaper _____ Physician Referral _____

Other _____

Please use your browsers PRINT BUTTON to print this document, then complete and mail this application to:

Kentucky Adoption Services, Inc.
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Owensboro, KY 42301

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For Office Use Only:

This application was obtained online at: <http://www.kentuckyadoptionservices.org/>
Please send a KAS Guide to Services.