

1. Name of Husband _____

2. Date and Place of Birth _____

3. Husband's Social Security Number _____

4. Name of Wife _____

5. Wife's Date and Place of Birth _____

6. Wife's Social Security Number _____

7. Present Address _____

8. How long have you lived there? _____

9. Telephone (Home) _____ (Work) _____

10. Husband's Email _____ (Wife's Email) _____

11. Previous Address _____

12. How long did you live there? _____

13. Present Marriage (When) _____ (Where) _____

14. Children of Present Marriage: (Name, Age, Natural Or Adopted)

15. Previous Marriages: To Whom/Where/When Ended

Husband _____

Wife _____

16. Children of Previous Marriage: (Name and Age)

17. Personal Data: Husband/Wife

Citizenship _____

Religion _____

Height _____

Weight _____

Hair Color _____

Eye Color _____

18. Husband's Education: High School Some College Other School College
Name/Address _____
Dates Attended _____ Major _____
Degree _____ Date of Graduation _____

19. Wife's Education: High School Some College Other School College
Name/Address _____
Dates Attended _____ Major _____
Degree _____ Date of Graduation _____

20. Medical History: Husband
Diagnosis/Treatment _____ Dates: _____

21. Medical History: Wife
Diagnosis/Treatment _____ Dates: _____

22. Employment: Husband
Present Employer _____ Date _____
Position _____
Prior Employer _____ Date _____
Position _____

23. Employment: Wife
Present Employer _____ Date _____
Position _____
Prior Employer _____ Date _____
Position _____

24. Military Service
(Husband) _____
(Wife) _____

25. Arrests (Full Details Excluding Minor Traffic Violations) Husband

Arrests (Full Details Excluding Minor Traffic Violations) Wife

26. Financial Statement: Salary/Income _____
Other Income State Source _____
Real Estate _____
Savings _____
Automobiles _____ Stocks/Bonds _____
Any Other Property _____ Total Debts/Liabilities _____
Total Monthly Payments On Above Debts _____

27. Insurance
Husband/Wife
Accident _____ Health _____ Life _____

28. Personal References (please list 3):

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

29. Other Persons Residing in Your Home:

Name(s) _____
Age _____
Relationship _____

NOTE: IN ORDER TO PROCESS THIS APPLICATION, WE WOULD APPRECIATE ANSWERS TO THE FOLLOWING PERSONAL QUESTIONS:

1. Have either of you ever been informed that you are infertile or do you have reason to believe that such might be the case?
2. Have you ever made an application to any other adoption agency or are you now working through another such agency?
3. What were you told about the results of any previous adoption application?
4. What age and gender do you prefer in an adoptive child?

We have read and answered the foregoing questions to the best of our knowledge. Any additional details are listed below or on the reverse side of this page.

Signed _____ Date _____
Husband

Signed _____ Date _____
Wife