

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. Previous Address _____

11. How long did you live there? _____

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

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

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

Husband _____

Wife _____

15. Children of Previous Marriage: (Name, Age, Natural Or Adopted)

16. Personal Data: Husband/Wife

Citizenship _____

Religion _____

Height _____

Weight _____

Hair Color _____

Eye Color _____

17. Husband's Education: High School Some College Other School College

Name/Address _____

Dates Attended _____ Major _____

Degree _____ Date of Graduation _____

18. Wife's Education: High School Some College Other School College

Name/Address _____

Dates Attended _____ Major _____

Degree _____ Date of Graduation _____

19. Medical History: Husband

Diagnosis/Treatment _____ Dates: _____

20. Medical History: Wife

Diagnosis/Treatment _____ Dates: _____

21. Employment: Husband

Present Employer _____ Date _____

Position _____

Prior Employer _____ Date _____

Position _____

22. Employment: Wife

Present Employer _____ Date _____

Position _____

Prior Employer _____ Date _____

Position _____

23. Military Service

(Husband) _____

(Wife) _____

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

Arrests (Full Details Excluding Minor Traffic Violations) Wife

25. 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 _____

26. Insurance

Husband/Wife

Accident _____ Health _____ Life _____

27. Personal References (please list 3):

Name _____

Address _____

Phone: _____

Name _____

Address _____

Phone: _____

Name _____

Address _____

Phone: _____

28. 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