

**Adoptive Parent Information**

Husband Information

Name:

Date of Birth:

Age:

Address:

Cell Phone:

Email:

Occupation:

Employer:

Race:

U.S. Citizen:

Highest Grade Level:

Do you have a criminal history?

Interests:

Wife Information

Name:

Date of Birth:

Age:

Address:

Cell Phone:

Email:

Occupation:

Employer:

Race:

U.S. Citizen:

Highest Grade Level:

Do you have a criminal history?

Interests:

Family Information

Date of Marriage:

Household Income:

Does anyone other than your children live in your home?

Children

Name

Age

Biological or adopted

Religious Affiliation

Are you a member of a church?

If yes, what church?

Do you attend church regularly?

Are you bi-lingual?

If yes, what languages?

Have you adopted before?

If yes, what agency?

Preferences of Adoptive Child

Gender of child:      Male                      Female

Age: Newborn \_\_\_\_\_ 0-12 months \_\_\_\_\_ 1-3 years \_\_\_\_\_

Number of children: Single \_\_\_\_\_ Twins \_\_\_\_\_ Sibling Group \_\_\_\_\_

Type of adoption: Open      Closed      Semi-closed

Special situations: (please check if willing to accept a child with these situations)

Drug Exposure

History of mental illness

Alcohol Exposure

Ethnicity: (please check all that you would be willing to accept)

Caucasian

African-American

Bi-racial (with African-American)

Bi-racial (without African-American)

Asian

Hispanic

American Indian