

**APPLICATION FOR DOMESTIC INFANT
ADOPTION**



HOUSEHOLD INFORMATION

Family Name:			
Husband's Phone: ()		Wife's Phone: ()	
Email address(es):			
Address:			
City:	State:	Zip:	County:
How long at this address?		Police District:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (please explain):			
# of Bedrooms:			

INSURANCE

(Under "Amount," please list the amount of **liability coverage** and not the cost of premiums.)

Homeowner's/Renter's Liability Insurance Co.:	Amount: \$
Auto Insurance Company:	Amount: \$
Life Insurance Company:	Amount: \$
Health Insurance Company:	

LIST ALL PEOPLE RESIDING AT THIS ADDRESS

Name (First and Last)	Date of Birth	Birthplace (County/State)	Social Security #
	- -	/	- -
	- -	/	- -
	- -	/	- -
	- -	/	- -

MARRIAGE INFORMATION

Date:	City:	State:	County:
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HOUSEHOLD INCOME

Husband's Annual Salary: \$	Wife's Annual Salary: \$
Other Income: \$	
Amount in Savings: \$	Amount in Checking: \$
Other Accounts: \$	

HOUSEHOLD DEBTS AND EXPENSES

Mortgage:	Monthly Payment: \$	Total Owed: \$
Auto Loan:	Monthly Payment: \$	Total Owed: \$
Auto Loan:	Monthly Payment: \$	Total Owed: \$
Credit Card:	Monthly Payment: \$	Total Owed: \$
Credit Card:	Monthly Payment: \$	Total Owed: \$
Other:	Monthly Payment: \$	Total Owed: \$
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date filed:		
Auto: \$	Utilities: \$	Food: \$
Clothing: \$	Charities: \$	Recreation: \$
Other: \$		

Please provide any additional financial information you feel is important:

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HUSBAND'S INFORMATION

First Name:	Middle:	Last:
Please list any other names by which you have been known:		
Age:	Race:	
If any Native American heritage, please list tribe:		and %:
Driver License #:		State of Issue:
Highest Grade Completed (1-12):	College or Degree Program:	
Church or Religious Affiliation:		
Health Status:		

PLEASE LIST ALL EMPLOYMENT FOR THE PAST FIVE YEARS

Occupation or Title	Employer	City	Dates of Employ
			to
			to
			to

Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," please complete the following line:
Branch:	Dates of Service: to	Type of Discharge (if applicable):

PREVIOUS MARRIAGES

Have you been married previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," how many times?	
Name of Former Spouse	Divorce Date	County	Presiding Judge
	- -		
	- -		

WIFE'S INFORMATION

First Name:	Middle:	Last:	Maiden:
Please list any other names by which you have been known:			
Age:	Race:		
If any Native American heritage, please list tribe:			and %:
Driver License #:			State of Issue:
Highest Grade Completed (1-12):	College or Degree Program:		
Church or Religious Affiliation:			
Health Status:			

PLEASE LIST ALL EMPLOYMENT FOR THE PAST FIVE YEARS

Occupation or Title	Employer	City	Dates of Employ
			to
			to
			to

Have you ever served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," please complete the following line:
Branch:	Dates of Service: to	Type of Discharge (if applicable):

PREVIOUS MARRIAGES

Have you been married previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," how many times?	
Name of Former Spouse	Divorce Date	County	Presiding Judge
	- -		
	- -		

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CHILD PREFERENCES

We are willing to consider children who are: African American Asian American European American
 Hispanic American Native American

We are willing to consider an infant with the following types of special needs. You can relate your answers to the Infant Preference Form.

REFERENCES

We will send forms to six individuals whom you select to serve as references. Couples count as two individuals but will be given one form. References cannot be family members.

1	Name:	Phone Number:
	Address:	
2	Name:	Phone Number:
	Address:	
3	Name:	Phone Number:
	Address:	
4	Name:	Phone Number:
	Address:	
5	Name:	Phone Number:
	Address:	
6	Name:	Phone Number:
	Address:	

LEGAL REPRESENTATION FOR THE ADOPTION

We do not plan to have legal representation. We would like referrals to lawyers who can help us.
 We have or are planning to have legal representation from the following lawyer or law firm:

Name:	Phone:	Fax:	
Address:	City:	State:	Zip:

SIGNATURES

Receipt of this completed application will serve as notification to us of your interest in a domestic adoption. Your signature attests to the fact that the information you provided is true and accurate to the best of your knowledge.

_____	_____	_____	_____
Husband's Signature	Date	Wife's Signature	Date