

# APPLICATION FOR INTERNATIONAL ADOPTION

p. 1 of 3



## HOUSEHOLD INFORMATION

Home Phone: (      )	Other Phone: (      )	Email:
Address:		How long at this address?
City:	State:	Zip:
Is there a fire extinguisher in the kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No		A smoke detector on every floor? <input type="checkbox"/> Yes <input type="checkbox"/> No
		and in every bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No
Directions to Home:		

## MARRIAGE INFORMATION

Date:	City:	County:	State:
-------	-------	---------	--------

### LIST ALL PEOPLE RESIDING AT THIS ADDRESS

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

## REFERENCES

We will be sending forms to three individuals whom you select to serve as references. Please do not choose family members.

<b>1</b>	Name:	Phone Number:
	Address:	
<b>2</b>	Name:	Phone Number:
	Address:	
<b>3</b>	Name:	Phone Number:
	Address:	

## INTERNATIONAL ADOPTION AGENCY

Name:			
Street Address:	City:	State:	Zip:
Contact Person:	Phone:	Email Address:	

# APPLICATION FOR INTERNATIONAL ADOPTION

p. 2 of 3



## HUSBAND'S INFORMATION

Name:		Aliases:	
Highest Grade Completed (1-12):	College or Degree Program:	Driver License #:	
Race:	If any Native American heritage, please list tribe(s):		and %:
Church or Religious Affiliation:	Health Status:		
Do you have any offspring who do not live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list name(s) and age(s):			

### EMPLOYMENT (PLEASE LIST EMPLOYMENT EXPERIENCE, BEGINNING WITH CURRENT OR MOST RECENT EMPLOYMENT.)

Occupation or Title	Employer	City	Dates of Employ
			to
			To
			to
			to

Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:	Dates of Service:	Type of Discharge:
---	---------	-------------------	--------------------

### PREVIOUS MARRIAGES

Name of Former Spouse	Marriage Date	Divorce Date	County/State	Presiding Judge
	- -	- -	/	
	- -	- -	/	

## WIFE'S INFORMATION

Name:		Maiden Name:		Aliases:	
Highest Grade Completed (1-12):	College or Degree Program:	Driver License #:			
Race:	If any Native American heritage, please list tribe(s):				and %:
Church or Religious Affiliation:	Health Status:				
Do you have any offspring who do not live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," list name(s) and age(s):					

### EMPLOYMENT (PLEASE LIST EMPLOYMENT EXPERIENCE, BEGINNING WITH CURRENT OR MOST RECENT EMPLOYMENT.)

Occupation or Title	Employer	City	Dates of Employ
			to
			To
			to
			to

Have you served in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:	Dates of Service:	Type of Discharge:
---	---------	-------------------	--------------------

### PREVIOUS MARRIAGES

Name of Former Spouse	Marriage Date	Divorce Date	County/State	Presiding Judge
	- -	- -	/	
	- -	- -	/	

# APPLICATION FOR INTERNATIONAL ADOPTION

p. 3 of 3



## INSURANCE COVERAGE

Company	Annual Premium	Value or Liability Amount
Health:	\$	N/A
Home:	\$	\$
Auto:	\$	\$
Life:	\$	\$
Other:	\$	\$

## HOUSEHOLD INCOME & ASSETS

Husband's Annual Salary: \$		Wife's Annual Salary: \$	
Other Income: \$	Source of Additional Income:		
Other Income: \$	Source of Additional Income:		
Other Income: \$	Source of Additional Income:		
Type of Home:	Year of Purchase:	# of Rooms:	# of Bedrooms:
Value of Stocks/Bonds: \$	Savings: \$	Husband's Retirement Plans: \$	Wife's Retirement Plans: \$
Auto Year and Model:			Value: \$
Auto Year and Model:			Value: \$
Additional Assets or Investments:			Value: \$

## HOUSEHOLD DEBTS & MONTHLY BUDGET EXPENSES

Auto: \$	Utilities: \$	Food: \$	Clothing: \$
Church/Charities: \$	Savings: \$	Recreation: \$	Other: \$
Mortgage Company or Landlord:	Monthly Payment: \$	Total Owed: \$	
Auto Loan Company:	Monthly Payment: \$	Total Owed: \$	
Credit Card Company:	Monthly Payment: \$	Total Owed: \$	
Credit Card Company:	Monthly Payment: \$	Total Owed: \$	
Other Debt:	Monthly Payment: \$	Total Owed: \$	
Other Debt:	Monthly Payment: \$	Total Owed: \$	
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," Date Filed:	Date Discharged:

Please provide any additional financial information you feel is important:

## SIGNATURES

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
---------------------	------	------------------	------