



Lutheran Counseling
& Family Services

APPLICATION FOR STEPPARENT ADOPTION

HOUSEHOLD INFORMATION			
Home Phone: ()		Other Phone: ()	
Address:			
City:	State:	Zip:	County:
Email Address(es):			
How long at this address?		Directions to Home:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (please explain):			
# of Bedrooms:		Is there a fire extinguisher in the kitchen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there 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	
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:
HOUSEHOLD INCOME			
Husband's Annual Salary: \$		Wife's Annual Salary: \$	
Other Income: \$			
HOUSEHOLD DEBTS			
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: \$	
Other:	Monthly Payment: \$	Total Owed: \$	
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," date filed:			
Please provide any additional financial information you believe 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:			
Give names and ages of any other children who do not reside with you:			
EMPLOYMENT HISTORY			
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	Marriage Date	Divorce Date	County
	- -	- -	
	- -	- -	
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:			
Give names and ages of any other children who do not reside with you:			
EMPLOYMENT HISTORY			
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	Marriage Date	Divorce Date	County
	- -	- -	
	- -	- -	



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CHILD TO BE ADOPTED

First Name:		Middle:		Last:	
Age:	Race:	If any Native American heritage, please list tribe:			
Condition of Health:					
Name of School:		Grade Level:	Performance:		
How long has the child known the stepparent?					
What activities does the child enjoy?					
Describe any special needs the child has:					

TERMINATING BIOLOGICAL PARENT

Is biological parent deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No					
First Name:		Middle:		Last:	
Please list any other names by which s/he has been known:					
If terminating parent is the father, has his paternity been established through court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," please provide copy of court document.) If "No," please explain how paternity has been established:					
Age:	Date of Birth:	-	-	Race:	
If any Native American heritage, please list tribe:					and %:
Date of Last Contact with Child: - -			Date of Last Financial Support for Child: - -		

REFERENCES

We will be sending forms to three individuals whom you select to serve as references. Choose non-family members who have primarily known the adopting parent.

1	Name:	Phone Number:
	Address:	
2	Name:	Phone Number:
	Address:	
3	Name:	Phone Number:
	Address:	

LEGAL REPRESENTATION FOR THE ADOPTION

<input type="checkbox"/> We do not plan to have legal representation. <input type="checkbox"/> We would like referrals to lawyers who can help us.			
<input type="checkbox"/> 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 stepparent 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



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THIS FORM IS TO BE COMPLETED BY THE ADOPTING STEPPARENT.

Why have you decided to adopt? _____

What does the adoption mean to you as a stepparent? _____

What kinds of things do you do together with your child(ren)? _____

What will it mean to your child(ren)? _____

How do(es) your child(ren) feel about it? _____

How will things be different after the adoption? _____

Describe your relationship with your spouse: _____

Provide any additional information you feel is pertinent: _____

Name of Adopting Parent (Print or Type) Signature of Adopting Parent Date