

# APPLICATION FOR RELATIVE ADOPTION

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## 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:
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### 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:	

## LEGAL REPRESENTATION FOR THE ADOPTION

<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:	
Law Firm:			
Attorney:		Phone:	Fax:
Address:		City:	State:      Zip:

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## 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 reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list names and ages:			
<b>EMPLOYMENT (PLEASE LIST EMPLOYMENT EXPERIENCE, BEGINNING WITH CURRENT OR MOST RECENT EMPLOYMENT.)</b>			
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 reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please list names and ages:					
<b>EMPLOYMENT (PLEASE LIST EMPLOYMENT EXPERIENCE, BEGINNING WITH CURRENT OR MOST RECENT EMPLOYMENT.)</b>					
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
	- -	- -	/	
	- -	- -	/	

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## TERMINATING BIOLOGICAL PARENT-MOTHER

First Name:	Middle:	Last:
Please list any other names by which s/he has been known:		
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: - -	

## TERMINATING BIOLOGICAL PARENT-FATHER

First Name:	Middle:	Last:
Please list any other names by which s/he has been known:		
Has this person's 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: - -	

## 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 and value:	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 and Their Values:			

## HOUSEHOLD DEBTS & MONTHLY BUDGET EXPENSES

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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:			
<b>SIGNATURES</b>			
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