

Adoption Information Sheet

Name: _____
 Last Husband's First Wife's First

Address: _____
 Street City State Zip

Phone Numbers: _____
 Home Work (His) Work (Hers)

HUSBAND

WIFE

Birthdate _____ _____

Race/Ethnicity _____ _____

Occupation _____ _____

Employer _____ _____

Net Annual Income _____ _____

Educational Background _____ _____

Religious Affiliation _____ _____

Date of Marriage _____ _____

of previous marriages _____ _____

CHILDREN

First Name	Date of Birth		
_____	_____	<input type="checkbox"/> Biological	<input type="checkbox"/> Adopted
_____	_____	<input type="checkbox"/> Biological	<input type="checkbox"/> Adopted

If you have adopted a child, from what agency did you adopt?

Placement Preferences (Please indicate which program/programs you are interested in working with).

_____ **Agency Adoption Program**

_____ **Minority Infant Adoption Program**

_____ **Special Needs Adoption Program**

_____ **International-Assisted Adoption Program** (please list agency that you
Will be working with) _____

_____ **Home Study Program** (please list the agency and/or attorney that
You will be working with) _____

Check below the types of children you BOTH feel you could accept into your family:

- | | | |
|-------------------------|-------------------------------|-------------------------|
| Age: [] Infant | Race: [] Black | Gender: [] Male |
| [] 1 year – 2 years | [] White | [] Female |
| [] 3 years – 5 years | [] Hispanic | |
| [] 6 years – 8 years | [] Asian | |
| [] 9 years – 11 years | [] Biracial (Black/White) | |
| [] 12 years – 14 years | [] Biracial (Hispanic/White) | |
| [] 15 years – 17 years | [] Biracial (Asian/White) | |

- Number of Children:** [] One child
[] Sibling group of two
[] Sibling group of three

Why do you want to adopt? _____

By whom were you referred? _____

Husband's Signature

Wife's Signature