

# A d o p t i o n s F o r e v e r

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## CONFIDENTIAL APPLICATION

### A. Identifying Information

(a) His:

\_\_\_\_\_

First	Middle	Last
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Nicknames \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Fax \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

S.S.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Year

Place of Birth \_\_\_\_\_  
City County State

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Passport# \_\_\_\_\_ Issue Date \_\_\_\_\_

U.S. citizen? Y or N  
(At least one applicant must be a U.S. citizen)

# A d o p t i o n s F o r e v e r

(b) Hers:

\_\_\_\_\_

First	Middle	Last
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Nicknames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

\_\_\_\_\_

Home Telephone# \_\_\_\_\_ Fax \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

S.S.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Mo Day Year

Place of Birth \_\_\_\_\_  
City County State

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Passport# \_\_\_\_\_ Issue Date \_\_\_\_\_

If your passport is in your maiden name you must apply for an amendment

U.S. citizen? Y or N  
(At least one applicant must be a U.S. citizen)

**A d o p t i o n s F o r e v e r**

\_\_\_\_\_ I am single

Household:

List all members of the household with name and birth-date

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B. Education and Employment:

(a) His: Last year of school completed:

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College/Universities Attended \_\_\_\_\_ Graduated Y or N Year \_\_\_\_\_

Other \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Date Employed \_\_\_\_\_

Annual Salary \_\_\_\_\_

Benefits \_\_\_\_\_

Previous Employment

Employer \_\_\_\_\_

Position \_\_\_\_\_

Date Employed \_\_\_\_\_

Annual Salary \_\_\_\_\_

# A d o p t i o n s F o r e v e r

(b)Hers: Last year of school completed:

\_\_\_\_\_

College/Universities Attended \_\_\_\_\_ Graduated Y or N Year \_\_\_\_\_

Other \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Date Employed \_\_\_\_\_

Annual Salary \_\_\_\_\_

Benefits \_\_\_\_\_

Previous Employment

Employer \_\_\_\_\_

Position \_\_\_\_\_

Date Employed \_\_\_\_\_

Annual Salary \_\_\_\_\_

C. Military Service:

Has either spouse received other than an honorable discharge from the U. S. military?

If so, describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_





# A d o p t i o n s F o r e v e r

Checking Account

Amount \_\_\_\_\_

Bank \_\_\_\_\_

Savings Account

Amount \_\_\_\_\_

Bank \_\_\_\_\_

Stocks, Bonds, Dividend Investments

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Other Income ( child support, alimony,etc.)

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Any Bank Loans

Y or N

Balance \_\_\_\_\_ Monthly

Payments \_\_\_\_\_

Personal Loans

Y or N

Balance \_\_\_\_\_ Monthly

Payments \_\_\_\_\_

Car Loans

Y or N

Balance \_\_\_\_\_ Monthly

Payments \_\_\_\_\_

Credit Cards

Y or N

Balance \_\_\_\_\_ Monthly

Payments \_\_\_\_\_

**A d o p t i o n s F o r e v e r**

Child Support/Alimony Y or N

Balance\_\_\_\_\_ Monthly

Payments\_\_\_\_\_

Life Insurance

His: Company\_\_\_\_\_

Amount\_\_\_\_\_

Hers: Company\_\_\_\_\_

Amount\_\_\_\_\_

**G. Health Information**

(a)His:

Chronic Diseases Y or N

Describe\_\_\_\_\_

Contagious Diseases Y or N

Describe\_\_\_\_\_

Current Medications \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

Physicians Name, Address and Phone#

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# A d o p t i o n s F o r e v e r

Have you ever been hospitalized for psychiatric/emotional problems or chemical dependency? Y or N

Describe:

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Name, Address, Phone # of Treating Physician

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(b)Hers:

Chronic Diseases Y or N

Describe \_\_\_\_\_

Contagious Diseases Y or N

Describe \_\_\_\_\_

Current Medications \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

# A d o p t i o n s F o r e v e r

Physicians Name, Address and Phone#

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Have you ever been hospitalized for psychiatric/emotional problems or chemical dependency? Y or N

Describe:

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Name, Address, Phone # of Treating Physician

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# A d o p t i o n s F o r e v e r

## H. Criminal Record:

### (a) His:

Have you ever been arrested? Y or N  
If So, describe (include dates)

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Have you ever been accused or charged with child abuse or neglect? Y or N  
If so, describe

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### (b) Hers:

Have you ever been arrested? Y or N  
If So, describe (include dates)

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Have you ever been accused or charged with child abuse or neglect? Y or N  
If so, describe

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# A d o p t i o n s F o r e v e r

## I. Child Desired: Please Circle:

Gender:

Boy      Girl      Either

Age:

Infant      Toddler      School age

Minimum age \_\_\_\_\_ Maximum age \_\_\_\_\_

Sibling group

Maximum number of children \_\_\_\_\_

Would you consider a child with any special needs? Y or N

If yes, please circle

Physically Handicapped

Emotionally Abused

Visually Impaired

Hearing Impaired

Mentally Retarded

Low Birth Weight

Physically Abused

Learning Disabled

Correctable Handicap  
(cleft palate, birthmark, etc)

Other \_\_\_\_\_

## J. Homestudy/Adoption Status

Name, Address and Phone # of Agency and Social Worker Providing Home Study

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# A d o p t i o n s F o r e v e r

Did you ever have a home study completed? Y or N

Did you ever have a home study completed and were not approved? Y or N

If so, describe

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Have you filed your I600A with INS as of this date?

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Do you have INS form 171H approval?

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In case of emergency please provide a name, address and phone # of a person we can contact while you are out of the country.

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Any other information, not covered in this application, you would like us to know?

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**A d o p t i o n s F o r e v e r**

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Adoptive Mother's Signature

Date

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Adoptive Father's Signature

Date