



PLEASE INDICATE THE FOLLOWING:
 Domestic _____ International _____
 If Domestic, Cauc/Hispanic/BR
 _____ or AA _____
 Networking _____

Direct _____
 If International, What Country? _____
 Number of children desired _____
 Gender _____ Age _____

APPLICATION FOR ADOPTION

Please Print or Type
 *When returning application please include a photograph of yourselves.

ADOPTIVE FATHER

ADOPTIVE MOTHER

NAME _____ NAME _____
 Last First Middle Last First Middle (Maiden)

ADDRESS _____
 Street City State & Zip County

HM PH NUMBER (____) _____ CELL PH NUMBER (____) _____

E-MAIL: _____

CIRCLE ONE: Apartment/House Own/Rent? How Long? _____ NUMBER OF BEDROOMS _____

OCCUPATION _____ OCCUPATION _____

EMPLOYER _____ EMPLOYER _____

ADDRESS _____ ADDRESS _____

PHONE # () _____ HOW LONG? _____ PHONE # () _____ HOW LONG? _____

APPROX. ANNUAL INCOME _____ APPROX. ANNUAL INCOME _____

AGE & BIRTHDATE _____ AGE & BIRTHDATE _____

BIRTHPLACE _____ BIRTHPLACE _____

CITIZEN OF U.S.? _____ ANCESTRY _____ CITIZEN OF U.S.? _____ ANCESTRY _____

HAIR _____ EYES _____ HT. _____ WT. _____ HAIR _____ EYES _____ HT. _____ WT. _____

COMPLEXION _____ HEALTH _____ COMPLEXION _____ HEALTH _____

HOBBIES _____ HOBBIES _____

RACE _____ RACE _____

CHRISTIAN DENOMINATION _____ CHRISTIAN DENOMINATION _____

FORMAL NAME OF CHURCH WITH WHICH YOU ARE AFFILIATED _____

IN WHAT DENOMINATION WOULD CHILD BE REARED _____

DATE & PLACE OF MARRIAGE _____

HOW DID YOU HEAR OF AN OPEN DOOR? _____

HOW LONG HAVE YOU BEEN LOOKING TO ADOPT? _____

DO YOU HAVE A RECENT HOME STUDY? _____ IF YES, DATE COMPLETED _____

NAME & ADDRESS OF AGENCY _____

INSTRUCTIONS:

1. Application fee (\$300), which is not refundable, is due with this application.
2. Attach a photocopy of your birth certificates. (If you have ordered these, please send in your application and indicate that the missing documents will be forwarded ASAP) (These will not be returned to you)
3. Attach a photocopy of your marriage certificate and (when applicable) your divorce decree.
4. Attach a Statement of Faith from each of you.
5. Attach one current family photo {adoptive parent(s) and children if any}.
6. All information must be complete for this application to be processed.

***ALL INFORMATION PROVIDED WILL BE HELD IN THE STRICTEST OF CONFIDENCE.**

ADOPTIVE FATHER

PRIOR MARRIAGES _____
NAME OF EX-SPOUSE _____
HOW TERMINATED _____
WHEN & WHERE _____
OF CHILDREN & AGES _____
WHERE CHILDREN RESIDE _____

ADOPTIVE MOTHER

PRIOR MARRIAGES _____
NAME OF EX-SPOUSE _____
HOW TERMINATED _____
WHEN & WHERE _____
OF CHILDREN & AGES _____
WHERE CHILDREN RESIDE _____

OTHER CHILDREN

NAME _____	BIRTHDATE _____	ADOPTED/BIOLOGICAL _____	HEALTH _____
NAME _____	BIRTHDATE _____	ADOPTED/BIOLOGICAL _____	HEALTH _____
NAME _____	BIRTHDATE _____	ADOPTED/BIOLOGICAL _____	HEALTH _____

EDUCATION

DEGREE _____	MAJOR _____	DEGREE _____	MAJOR _____
NAME OF COLLEGE _____		NAME OF COLLEGE _____	
DATE OF GRADUATION _____		DATE OF GRADUATION _____	

FINANCIAL SUMMARY:

SAVINGS _____	OTHER INVESTMENTS _____
REAL ESTATE MARKET VALUE _____	MORTGAGE PAYMENTS MONTHLY _____
EQUITY IN REAL ESTATE _____	MORTGAGE BALANCE _____
RENTAL INCOME _____	OTHER INCOME _____
(AP#1) LIFE INSURANCE _____	(AP#2) LIFE INSURANCE _____
HEALTH INSURANCE (YES or NO) _____	HEALTH INSURANCE PROVIDER _____

ADDITIONAL PERSONAL HISTORY - Explain all "YES" answers on a separate sheet.

Have either of you:

_____ Been in Bankruptcy	_____ Been in a Mental Hospital
_____ Placed a child for adoption	_____ Having/Had Therapy/Counseling
_____ Been turned down by adoption agency	_____ Past due on any child support
_____ Been approved by an adoption agency in the past year	_____ Been Arrested _____ Convicted
_____ Received other than Honorable Discharge from Military	
_____ Filed for divorce, separation, or annulment of this marriage	

PLEASE LIST 6 REFERENCES (NAMES, COMPLETE ADDRESS, ZIP & PHONE NO)

Note: If applicant has worked with children in the past 5 years a reference from that employer must be included.

1. _____
PASTOR
2. _____
EMPLOYER (Husband's – if employed)
3. _____
EMPLOYER (Wife's – if employed)
4. _____
NEIGHBOR
5. _____
EXTENDED FAMILY MEMBER
6. _____
FRIEND

An Open Door or their authorized representative is hereby permitted to contact the above named references. They will be sent a short questionnaire evaluating you as adoptive parent(s).

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE. IF ANY OF THE ABOVE INFORMATION IS DETERMINED TO BE WILLFULLY INCORRECTLY STATED, WE ACKNOWLEDGE THAT TOD HAS THE RIGHT TO DISQUALIFY US FROM FURTHER CONSIDERATION.

ADOPTIVE FATHER

DATE

SSN

ADOPTIVE MOTHER

DATE

SSN



PRELIMINARY MEDICAL INFORMATION

Adoptive Father

Adoptive Mother

Name: _____ Name: _____
Last First Last First

Have you been, or are you currently, under treatment for any medical, psychiatric or emotional condition within the last five (5) years?

____ YES (see below) ____ NO ____ YES (see below) ____ NO

If YES, describe conditions) and reason for treatment (attach additional pages if necessary)

Date diagnosed: _____ Date diagnosed: _____

Treatment: _____ to _____ Treatment: _____ to _____
Name, address, phone number of doctor, therapist, counselor, etc.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

WE UNDERSTAND THAT FAILURE TO PROVIDE COMPLETE AND HONEST INFORMATION WILL RESULT IN AUTOMATIC DISQUALIFICATION FROM CONSIDERATION.

Adoptive Father Date Adoptive Mother Date

BOTH PARTIES MUST SIGN!



INVESTIGATION AUTHORIZATION

We hereby authorize An Open Door Adoption Agency, Inc. or its representatives, to pursue any investigation it deems necessary in order to properly evaluate us as an adoptive family. We understand and agree that at times it may require independent investigations conducted by personnel hired by An Open Door Adoption Agency, Inc.

We also authorize An Open Door Adoption Agency, Inc. or its representatives to submit applications, documents, requests, etc. on our behalf to further our adoption process as is needed. In doing so, we also ask that all entities respond and assist An Open Door as our agents in this adoption.

BOTH PARTIES MUST SIGN!

Adoptive Father

Adoptive Mother

Date

Date

