

## CATHOLIC CHARITIES APPLICATION TO ADOPT

**Date:**

**I. PERSONAL INFORMATION**

**Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Home Phone:**

**Cell Phone:**

**Cell Phone:**

**Work Phone:**

**Work Phone:**

**E-mail:**

**E-Mail:**

**Directions to  
Home:**

Husband		Wife
	Date & Place of Birth	
	Date & Location of Marriage	
	Age	
	Height	
	Weight	
	Hair Color	
	Eye Color	
	Complexion	
	Occupation	
	Place of Employment	
	Length of Employment	
	Work Schedule	
	Yearly Income	
	Religion	
	Ethnicity	
	National Descent	
	Education Completed	
	Social Security Number	

**Have either of you ever been convicted of a crime? If yes, please explain. Include the year of conviction. Use another sheet if necessary.**

**Yes      No**

**Have you ever declared bankruptcy? If yes, what year or years? Please explain. Use another sheet if necessary.**

**Yes       No**

**Does anyone in your household, now or in the past, have a problem with alcohol, drugs, gambling, pornography, or any other addiction? If yes, please explain.**

**Yes       No**

**Are there others living in your home? Do you have other children not living at home? What is their relation to you?**

**Yes       No**

<b>Name:</b>	<b>Birth Date</b>	<b>Relationship</b>	<b>Living at Home?</b>

**Church Affiliation:**

**Minister:**

**Active:  Yes       No**

**Describe your attendance and involvement at church:**

**How do you plan to provide religious education for your child?**

**Do you have any religious or philosophical beliefs that would prevent you from getting medical treatment for your child. If yes, please explain.**

**Yes       No**

**Maternity and Paternity Plan: Explain how you intend to care for your child when he/she first arrives home including work and childcare.**

Does anyone in your home have any health problems. If yes, please explain.  Yes  No

Is there a medical reason for infertility? If yes, please explain.  Yes  No

## II. FATHER'S INFORMATION

Have you been married before?  Yes  No

If yes, please complete: Name:

Date of Marriage:

Terminated By:

Date of Termination:

List any children from previous relationships and whom they live with:

If not in your custody, what is your relationship with your children?

## III. MOTHER'S INFORMATION

Have you been married before?  Yes  No

If yes, please complete: Name:

Date of Marriage:

Terminated By:

Date of Termination:

List any children from previous relationships and whom they live with:

If not in your custody, what is your relationship with your children?

## IV. REGARDING CHILD YOU WOULD BE INTERESTED IN

Services Desired:  Agency Infant Placement  Independent Placement

Special Needs Adoption  Other

Age Range Preferred:

**Describe the type of child you could accept into your family. Possibly include: gender, medical (drug or alcohol exposure), emotional or mental problems, racial background, or physical disabilities:**

**Describe biological background conditions you could not accept, such as medical (drug or alcohol exposure), emotional or mental problems.**

**Have you adopted or applied to adopt before?**  Yes  No **When?**  
**Where?**

**Have you ever been denied or rejected as a Prospective Adoptive Parent, or received an unfavorable home study, by another agency? If yes, please attach an explanation on a separate sheet.**  Yes  No

#### **IV. OTHER**

**Are there any special or unique qualities you would like us to know about?**

**How did you hear about our program?**

**Upon signing below, you attest that all information on this form is true and accurate to the best of your knowledge.**

#### **Signatures of Applicants:**

Husband:

Wife:

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Agency Adoption - please include your \$500 non-refundable Application Fee.

Special Needs Adoption - please include your \$500 non-refundable Application Fee.

Independent Adoption - no Application Fee is required.

Submission of this application does not guarantee acceptance into Catholic Charities Pregnancy Support & Adoption Program.

## REFERENCES

Please list 8 references that have known each of you at least 2 years. Please include 3 family members, 2 long time acquaintances, as well as 1 neighbor, pastor or priest, and 1 business associate. Note: Independents need 4 reference - only 1 can be a relative.

**Name**

**Address**

**City**

**State**

**Zip Code**

**Phone**

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