

**1:17 CENTER FOR GLOBAL ADOPTION**

**ADOPTION APPLICATION**

Please type or print legibly in ink. Complete all spaces. An incomplete application will not be processed. If additional space is needed, use the blank sheet provided for you.

Date Submitted: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Code

Length of Residence: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Husband Phone Number: \_\_\_\_\_

Wife Phone Number: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Date and place of marriage (if married): \_\_\_\_\_

**I. HUSBAND**

Full Name: \_\_\_\_\_ Highest Education: \_\_\_\_\_

Former Names: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ How long Employed: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position: \_\_\_\_\_

Driver's License No : \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_ Other Income: \_\_\_\_\_ Gross Income \_\_\_\_\_

Former Spouse: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dates married: \_\_\_\_\_ Religion: \_\_\_\_\_

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Children of Previous Marriages: \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Birth/Adoption \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Birth/Adoption \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Place of Birth \_\_\_\_\_ Birth/Adoption \_\_\_\_\_

**II. WIFE**

Full Name: \_\_\_\_\_ Highest Education: \_\_\_\_\_

Former Names: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ How long Employed: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position: \_\_\_\_\_

Driver's License No : \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Number of previous marriages: \_\_\_\_\_ Other Income: \_\_\_\_\_ Gross Income \_\_\_\_\_

Former Spouse: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dates married: \_\_\_\_\_ Religion: \_\_\_\_\_

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Children of Previous Marriages: \_\_\_\_\_

NAME	DOB	Place of Birth	Birth/Adoption
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NAME	DOB	Place of Birth	Birth/Adoption
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NAME	DOB	Place of Birth	Birth/Adoption
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III. CHILDREN LIVING IN THE HOME

NAME	DOB	Place of Birth	Birth/Adoption
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NAME	DOB	Place of Birth	Birth/Adoption
------	-----	----------------	----------------

NAME	DOB	Place of Birth	Birth/Adoption
------	-----	----------------	----------------

IV. CHILDREN LIVING OUT OF THE HOME

NAME	DOB	Place of Birth	Birth/Adoption
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NAME	DOB	Place of Birth	Birth/Adoption
------	-----	----------------	----------------

NAME	DOB	Place of Birth	Birth/Adoption
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V. OTHER ADULTS (OVER AGE 18) LIVING IN THE HOME

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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VI. EXTENDED FAMILY INFORMATION

**Husband:**

Mother: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Father: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Wife:**

Mother: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Father: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Deceased? \_\_\_\_\_ Yes \_\_\_\_\_ No

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VII. PERSONAL INFORMATION

**Husband:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Have you ever been:

Arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No

Convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

In Jail/Prison? \_\_\_\_\_ Yes \_\_\_\_\_ No

Subject of a child abuse or neglect investigation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered YES to any of the above, please explain: \_\_\_\_\_

Are you under any legal obligation to pay child support? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, are your payments up to date? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list all states you have lived in since age 18: \_\_\_\_\_

**Wife:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Have you ever been:

Arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No

Convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

In Jail/Prison? \_\_\_\_\_ Yes \_\_\_\_\_ No

Subject of a child abuse or neglect investigation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered YES to any of the above, please explain: \_\_\_\_\_

Are you under any legal obligation to pay child support? \_\_\_\_\_ Yes \_\_\_\_\_ No

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If Yes, are your payments up to date? \_\_\_\_ Yes \_\_\_\_ No

Please list all states you have lived in since age 18: \_\_\_\_\_

**VIII. PERSONAL HEALTH**

**Husband:**

Information on Physician who will complete your Medical Examination:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Is a Physician currently treating you? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please describe the conditions you are being treated for: \_\_\_\_\_

Please describe all hospitalizations within the last five years: \_\_\_\_\_

Have you ever sought treatment from a mental health professional? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please describe the circumstances, including the dates: \_\_\_\_\_

Health Insurance:

Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Life Insurance:

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Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Wife:**

Information on Physician who will complete your Medical Examination:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Is a Physician currently treating you? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please describe the conditions you are being treated for: \_\_\_\_\_

Please describe all hospitalizations within the last five years: \_\_\_\_\_

Have you ever sought treatment from a mental health professional? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please describe the circumstances, including the dates: \_\_\_\_\_

Health Insurance:

Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Life Insurance:

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Beneficiary: \_\_\_\_\_





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Please describe the type of child or children you would like to adopt: \_\_\_\_\_

\_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Are you open to a sibling group? \_\_\_\_\_

Are you open to a child with special needs? \_\_\_\_\_ Please specify: \_\_\_\_\_

\_\_\_\_\_

Have you ever applied to another agency for adoption or foster care? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please give the name and telephone number of the agency or agencies:

\_\_\_\_\_

Were you favorably recommended for adoptive or foster placement? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe your philosophy of child rearing:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you selected a legal guardian for the child you wish to adopt? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Please provide the proposed guardian's name, phone number, email address and address:

\_\_\_\_\_

Is there any additional information you would like to provide 1:17 Center for Global Adoption about yourself? \_\_\_\_\_

\_\_\_\_\_

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1:17 Center for Global Adoption is required by law to deny this application if any information provided in it is known to be false or misleading by the applicant(s). 1:17 Center for Global Adoption maintains confidentiality and privacy of all information provided by applicant(s).

I/We the undersigned, have read the statements above and hereby certify that all of the information provided in this application is true and complete.

\_\_\_\_\_  
Husband:

\_\_\_\_\_  
Wife:

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_