

ADOPTION APPLICATION

FAMILY NAME: _____

Address: _____

Rent _____ Own _____ How long _____

Home Phone: _____ Work Phone: Husband _____
Wife _____

HUSBAND: _____
Last First Middle

Social Security Number _____ Age: _____

Date of Birth _____ Place of Birth: _____

Citizenship: _____ Race/Ethnicity: _____ Religion: _____
Length of Florida Residency _____

Education:
High School _____
College _____
Other _____
Final Degree _____

Present Employment:
Occupation _____
Employer _____
Address _____
Length of Employment: _____ Income: _____

Marital History:
Number of Marriages _____
Present Marriage Date _____ Place _____
Previous Marriage Date _____ Place _____
Termination Date _____ How _____

Hobbies /Special Interests:

WIFE:

_____ Last _____ First _____ Middle _____ Maiden Name

Social Security Number _____ Age: _____

Date of Birth _____ Place of Birth: _____

Citizenship: _____ Race/Ethnicity: _____ Religion: _____

Length of Florida Residency: _____

Education:

High School _____

College _____

Other _____

Final Degree _____

Present Employment:

Occupation _____

Employer _____

Address _____

Length of Employment: _____ Income: _____

Marital History:

Number of Marriages _____

Present Marriage Date _____ Place _____

Previous Marriage Date _____ Place _____

Termination Date _____ How _____

Hobbies /Special Interests:

Children of this marriage:

Name(s)	Sex	Date of birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children of previous marriages:

Name(s)	Sex	Date of birth	Natural /legal Mother / Father
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROSPECTIVE ADOPTIVE CHILD: Sex: Male _____ Female _____

Race: Caucasian _____ Black _____ Biracial _____
Asian _____ American Indian _____ Hispanic _____ Other _____

Age: 0 - 6 months _____ 6 - 18 months _____ 18 - 24 months _____
2 - 5 years _____ 5 - 7 years _____ 7 - 10 years _____

SPECIAL NEEDS CHILD:

Hearing impaired _____ Sight impaired _____ Down's syndrome _____
Physical disability _____

REFERRED BY: _____

PLEASE LIST THREE (3) PERSONAL REFERENCES:

(One each from family, friend, church)

PLEASE ALSO PROVIDE A BRIEF AUTOBIOGRAPHY AND PICTURES

ADOPTIVE PARENT QUESTIONNAIRE

ADOPTION MOTIVATION:

1. Are you able to have a biological child? _____
2. Do you have a medically-diagnosed situation that prevents you from conceiving a biological child?

If so, briefly explain the medical diagnosis.

3. At what point did you consider adoption an option for your family?

4. Do you know anyone who is adopted or has an adopted child?

5. Do you have any previous experience with the adoption process?

6. How do you feel about the birth parents decision to place a child for adoption?

7. How does your family and friends feel about your plans to adopt a child?

RELIGIOUS BACKGROUND:

1. What denomination/faith were you brought up in? _____

2. What denomination/faith are you presently involved in? _____

3. Are you presently members of a church/congregation? _____

4. If so, what was your motivation to choosing that congregation/church?

5. Has your denomination/faith had an impact on your decision to choose adoption?

6. How do you plan to teach your faith to your children?

CHILD CARE:

1. If both husband and wife both currently are employed, what is your plan for future employment after the child is placed with you?

2. If both husband and wife plan on continuing their employment, what is your plan for care of the child?

RETURN TO: W. Scott Hamilton, Esquire
2400 Manatee Avenue West
Bradenton, FL 34205
(941) 748-0550

Date: _____