



Life Source Center

Committed to optimal health and wellness

ADOPTION APPLICATION FORM
(\$120.00 non-refundable processing fee required)

Personal Information:

Husband's Full Legal Name _____

Age _____ DOB _____ SSN _____

Wife's Full Legal Name _____

Age _____ DOB _____ SSN _____

Street Address _____ Town/City _____

State _____ Zip Code _____ Home Phone _____

E-mail _____ Fedex Acct# _____

Employment Information

Husband's Employer _____

Title _____ Annual Income \$ _____

Years with company _____ Telephone _____ Ext. _____

Wife's Employer _____

Title _____ Annual Income \$ _____

Years with company _____ Telephone _____ Ext. _____

Please answer the following questions

1.) Do you have a criminal history, including DWI records? _____

2.) Do you have any life threatening or chronic illness? _____

If you answered "yes" to questions 1 or 2, attach an explanation on a separate sheet.
All information is confidential.

3.) Please specify the age and gender of the child you desire to adopt. _____

4.) Would you consider adopting a child with special needs? _____

5.) Please add any comments or concerns you may have regarding the child you wish to adopt.

Wife's signature _____ **Date** _____

Husband's signature _____ **Date** _____