

Life Source Center
Affirming Life Adoption Program
ADOPTION APPLICATION FORM
(\$300 non-refundable processing fee required)
At least one parent must be a US citizen

Personal Information:

Husband's Legal Full Name _____

Age _____ DOB _____ SSN _____

Wife's Legal Full Name _____

Age _____ DOB _____ SSN _____

Street Address _____ Town/City _____

State _____ Zip Code _____ Home Telephone _____

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 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 _____