

International Adoption Guides
21 E Woodrow Ave, PO Box 147
Belmont, NC 28012

APPLICATION

Single's Full Name: _____ Age: _____

Husband's Full Name: _____ Age: _____

Wife's Full Name: _____ Age: _____

Address: _____

Home Telephone: (_____) _____

Single/Husband's
Work Telephone: (_____) _____

Wife's Work Telephone: (_____) _____

Email Address: _____

Fax: (_____) _____

Married: Yes No Date: ____ / ____ / ____

Previous Marriage(s):

Single # _____

Husband # _____

Wife # _____

Children Living With You:

Name	D.O.B.	Sex	If adopted, finalization date & country
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_____	__ / __ / __	_____	_____
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_____	__ / __ / __	_____	_____
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_____	__ / __ / __	_____	_____
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_____	__ / __ / __	_____	_____
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Others Living In The Home:

Name	Age	Relationship
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_____	_____	_____
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_____	_____	_____
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How did you hear about us? _____

Services Requested Circle: Home Study Other _____

NOTE: See fee sheet of services

If using another child placing agency, please give us the following information:

Agency Name: _____

Mailing Address: _____

Phone Number: _____ Contact Person: _____

Husband or Single Applicant:

IDENTIFYING INFORMATION

SSN: _____ - _____ - _____

D.O.B.: __ / __ / __

Place of birth: _____

Physical Description: Height: _____ Weight: _____ Hair: _____ Eyes: _____

Education: High School Graduate: Yes, date: __ / __ / __ No, last grade completed: _____

Bachelor's Degree: Date: __ / __ / __ Degree: _____

Other Degrees: Date: __ / __ / __ Degree: _____

Date: __ / __ / __ Degree: _____

Employment: Occupation/Title: _____

Employer: _____

Length Employed _____ Salary/Wage: _____

HEALTH:

Do you have any medical conditions? Yes No

If "Yes," please describe:

When does your health insurance cover an adoptive child?

Does it cover pre-existing conditions? Yes No

POLICE CLEARANCE:

Have you ever been convicted of a crime? Yes No

If "Yes," please explain:

Signature: _____

Date: __ / __ / __

EMERGENCY CONTACTS:

Please list two people you are in close contact with whom we may contact if we need to reach you but are unable to locate you:

Name: _____ Phone: _____

Name: _____ Phone: _____

Wife:

IDENTIFYING INFORMATION

SSN: _____ - _____ - _____

D.O.B.: __ / __ / __

Place of birth: _____

Physical Description: Height: _____ Weight: _____ Hair: _____ Eyes: _____

Education: High School Graduate: Yes, date: __ / __ / __ No, last grade completed: _____

Bachelor's Degree: Date: __ / __ / __ Degree: _____

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If "Yes", please explain:

Signature: _____

Date: __ / __ / __

RELEASE OF INFORMATION:

Please complete:

I/We consent to International Adoption Guides releasing and receiving information from my/our home study agency and referral source which are pertinent to the service(s) requested until such time that my/our Adoption record has been closed.

Signature: _____

Signature: _____

Date: __ / __ / __