

ADOPTION APPLICATION

FAMILY NAME:

Address: _____

Rent _____ Own _____ How Long _____

Home Phone: _____ Word 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

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 Sex Date of Birth

Name Sex Date of Birth

Name Sex Date of Birth

Children of previous marriages:

Name Sex Date of Birth Natural /Legal Mother/Father

Name Sex Date of Birth Natural /Legal Mother/Father

Name Sex Date of Birth Natural /Legal Mother/Father

PROSPECTIVE ADOPTIVE CHILD: Sex: Male _____ Female _____
Race: Caucasian _____ Black _____ Biracial (Caucasian/Black) _____
Asian _____ American Indian _____ Hispanic _____
Biracial (Hispanic/Caucasian) _____ 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)

1. _____
Name Address

Phone Relationship
2. _____
Name Address

Phone Relationship
3. _____
Name Address

Phone Relationship

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 planes 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 are currently 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:

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(941) 748-0550

Date: _____