



BASIC INFORMATION FORM

Date: _____

Family Name: _____ Telephone: (____) _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

E-mail: _____ Do you check your e-mail often? YES NO

	Husband	Wife	Child	Child	Child
			Gender: M F	Gender: M F	Gender: M F
Name					
Birthdate					
Adopted?	N/A	N/A			
Education					
Occupation					
Yearly Income:			N/A	N/A	N/A
Name of Church:					

	Husband	Wife	Child	Child	Child
Race					
Height					
Weight					
Hair Color					
Eye Color					

Please check the race(s) of a child you would consider adopting. (Mark all that apply)

- Caucasian
- African-American
- Asian (*very rarely available*)
- Hispanic (*very rarely available*)
- Bi-Racial (*please specify*): _____

Please check the characteristics of a child you would consider adopting. (Mark all that apply)

- Drug Exposed
- Physical Disabilities
- Learning Disabilities
- Mental Retardation
- Emotional Difficulties
- ADD/ADHD/Hyperactive
- Vision Impairment
- Hearing Impairment
- Sibling Group (*specify type*): _____

What age child do you want to adopt? _____ to _____

Do you have an up-to-date, approved home study for domestic adoption? YES NO

Have you attended an adoption orientation/training within the last 3 years? YES NO

(Couples who are interested in adopting through Childplace must also attend our Prospective Adoptive Couple Orientation.)

Office Use Only
Date Received:

This is not an application and does not imply acceptance into the adoption program.