



Angels' Crossing
ADOPTIVE HOME APPLICATION

Name: _____ and _____
 Last First Middle Last First Middle Maiden

Address: _____ zip _____

Home Telephone _____

Work: Husband _____ Wife _____

Cell: Husband _____ Wife _____

Email: Husband _____ Wife _____

Religion: Husband _____ Wife _____

Social Security Number: Husband _____ Wife: _____

Name of Church and Pastor: _____

Have you ever applied to any other Adoption Agency? Yes: No:

If yes, Name and Address of other agency: _____

MARITAL HISTORY

Date of Marriage: _____ Place of Marriage: _____

If previously married:

Husband: _____ Wife: _____
 Name of former wife Name of former husband

Date of Marriage: _____ Date of Marriage: _____

Date of Divorce: _____ Date of Divorce: _____

FAMILY HISTORY

Husband: _____	Wife: _____
Birth date	Birth date
_____	_____
Place	Place
_____	_____
Nationality	Nationality

Child/Children: _____	_____	_____
Name	DOB	Biological or Adopted
_____	_____	_____
Name	DOB	Biological or Adopted
_____	_____	_____
Name	DOB	Biological or Adopted

SIBLINGS

(If deceased, give dates and cause of death)

Name	DOB	Education	Occupation	Marital Status & no. of children	Place of Residence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PHYSICAL DESCRIPTION

	Height	Weight	Eye Color	Hair Color	Complexion
Husband:	_____	_____	_____	_____	_____
Wife:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____
Child:	_____	_____	_____	_____	_____

EDUCATIONAL HISTORY

Husband:	Name of School	Level Completed	Diploma/ Degree	Date
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Graduate or other Specialized school:	_____	_____	_____	_____
Wife:	Name of School	Level Completed	Diploma/ Degree	Date
High School:	_____	_____	_____	_____
College:	_____	_____	_____	_____
Graduate or other Specialized school:	_____	_____	_____	_____

EMPLOYMENT HISTORY

Husband: (Please list from present to past)

Employer's Name & Address	Employment Dates From - To	Occupation/ Position	Gross Salary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Wife: (Please list from present to past)

Employer's Name & Address	Employment Dates From - To	Occupation/ Position	Gross Salary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Services:	Branch	Service Dates From - To	Rate/Rank
Husband:	_____	_____	_____
Wife:	_____	_____	_____

NAME AND ADDRESS OF YOUR PHYSICIAN(S)

Husband: _____
Wife: _____
Child/Children: _____

FINANCIAL INFORMATION

INCOME: Annual Gross Earnings (before deductions):

Husband: _____ Wife: _____

Additional Income:

Dividends: _____ Interest: _____

Rental Income: _____ Bonus/Commissions: _____

RESOURCES: Savings and Checking Accounts:

Name on Account	Name of Bank	Current Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks & Bonds:	Company	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE: List life, Health, Property (Mortgage liability), Auto:

Type	Amount	Name of Company	Name of Insured
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEBTS/ MONTHLY PAYMENTS: (Credit Cards, personal loans, car loans, home equity, etc.)

Creditor	Balance Due	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSING

Own:

Purchase Date: _____ Market Value: _____ Mortgage Debt: _____

Monthly Payment: _____

Description of home (Type: 2 story, ranch, no. of rooms, etc.) _____

Rent:

House or Apt: _____ Monthly Rent: _____ # of Rooms: _____ # of Bedrooms: _____

Description of residence: _____

Do you own other real estate or property? Yes: No:

If yes, purchase date: _____ Market Value: _____ Mortgage: _____

Monthly Payments: _____ Equity: _____

Description and Location: _____

VEHICLES

Description	Year
_____	_____
_____	_____
_____	_____

REFERENCES

List the full names and addresses of three persons (not related to you) who personally know both of you so that we may contact them as references. Angels' Crossing will write directly to them.
PLEASE PRINT

1. _____
2. _____
3. _____

DIRECTIONS TO HOME

PLEASE PRINT

Please give detailed directions to your home:

Legal Signature of Husband

Legal Signature of Wife

Date

Date