



Caseworker	_____
Date app recv'd	_____
App fee recv'd	_____
Program/Country	_____

LIFELINK® International Adoption

ADOPTION APPLICATION

Parent #1 _____ / _____ Male Female
Last Name First Name

Parent #2 _____ / _____ Male Female
Last Name First Name

Address _____
Number & Street City County State Zip

How long at this address? _____ Marriage Date/Place (if applicable) _____

Home Phone _____ Home Fax _____

	Parent #1	Parent #2
Cell Phone		
Work Phone		
E-mail Address		

Directions to Home _____

1. APPLICANT INFORMATION: Please feel free to use additional sheets to elaborate on answers.

	Parent #1	Parent #2
Birth Date / Age		
Birthplace Including county		
Citizenship		
Social Security #		
Education		

	Parent #1	Parent # 2
Military Service Type of discharge		
Employer Position Hire date/salary		
Previous Employer Length of employment		
Previous Marriage Date married/date ended How terminated		
Religion		
States/Countries of Residence Since age 18 (Include dates of residence)		

2. MEDICAL HISTORY:

Please list all hospitalizations during the past five (5) years and recurring medical problems.

Parent #1 _____

Parent #2 _____

Does your interest in adoption relate in any way to fertility difficulties? If so, please explain:

3. FAMILY CONSTELLATION: Use added sheets as needed, include children not living with you.

	Child #1	Child #2	Child #3	Child #4
Name/Gender				
Birth Date				
SS #				
Address				
Adopted, Foster or Biological?				
Special Need/ Disability				

4. OTHERS LIVING IN THE HOME:

Name	Birth Date	SS #	Relationship	Need/ Disability

5. PARENT #1 - PARENTS:

	Father	Mother
Name		
Age		
Occupation		
Where Residing (Date of death, if deceased)		

6. PARENT #1 - SIBLINGS:

Name & Location	Year of Birth	Sex	Marital Status	# of Children	Occupation

7. PARENT #2 - PARENTS:

	Father	Mother
Name		
Age		
Occupation		
Where Residing (Date of death, if deceased)		

8. PARENT #2 - SIBLINGS:

Name & Location	Year of Birth	Sex	Marital Status	# of Children	Occupation

9. UNRELATED REFERENCES: Please type or print clearly, include zip codes.

Name & Address	Phone #	Relationship

In addition to these references we may contact other individuals, including family members, friends and employers, for more information. Your signature on this application indicates your understanding and authorization.

10. How and why did you become interested in adoption? _____

11. Have you ever applied to adopt a child before? Parent #1: Yes No Parent #2: Yes No
If Yes, which agency(ies)? _____ When? _____
Current status _____

12. Have you ever been rejected as a prospective adoptive parent or been the subject of an unfavorable home study? Parent #1: Yes No Parent #2: Yes No
If Yes, please explain and attach.

13. Have you ever been arrested (regardless of whether convicted) or been convicted of a crime or is prosecution pending? Parent #1: Yes No Parent #2: Yes No
If Yes, please explain and attach.

14. Have you ever received counseling, treatment and/or hospitalization for emotional, mental or marital problems? Parent #1: Yes No Parent #2: Yes No
If Yes, please explain and attach.

15. Do you have a history of substance abuse, sexual abuse, child abuse, or domestic violence?
Parent #1: Yes No Parent #2: Yes No If Yes, please explain and attach.

16. Please describe the type of child or children you believe you could most comfortably parent.
Include age, gender, siblings, special needs: _____

17. Please clearly print your full legal name as it appears on your passport:

18. Please attach a snapshot and a check for \$250 (payable to Lifelink) to the application.

By signing this application, I confirm that the information provided above is true and correct. I understand that checking Yes to questions #12-15 does not necessarily lead to disapproval of my/our application. However, I do understand that providing false, incomplete or misleading information will be sufficient reason for immediate disapproval of my/our application. I understand that upon receipt, Lifelink will begin to process this application including verification of the information provided and background checks. I understand that completion of this application does not guarantee placement of a child with me/us.

Signature: _____ Date: _____

Signature: _____ Date: _____

How did you hear about Lifelink? _____

Please mail your application to the most convenient Lifelink office location!

THANK YOU FOR CHOOSING LIFELINK!

