

**CONFIDENTIAL ADOPTION QUESTIONNAIRE
AND PERSONAL HISTORY**

If you need more room for any answer, please write it on the back, and indicate what question you are answering. Thank you.

YOUR FULL LEGAL NAMES:

LAST	FIRST	MIDDLE
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LAST	FIRST	MIDDLE	MAIDEN
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Are you known by any other name or names? _____ If so, please specify:

LAST	FIRST	MIDDLE
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LAST	FIRST	MIDDLE
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HOME ADDRESS:

NO. & STREET	APT. NO.	CITY
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COUNTY	STATE	ZIP	COUNTRY
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AREA CODE	TELEPHONE	FAX
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AREA CODE	CELL PHONE
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E-mail address at home (strongly recommended): _____

EMPLOYMENT/BUSINESS:

PROFESSION / POSITION

PROFESSION / POSITION

EMPLOYER

EMPLOYER

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

AREA CODE TELEPHONE

AREA CODE TELEPHONE

E-mail address

E-mail address

Voice Mail / Message Phone

Voice Mail / Message Phone

Who is easier to reach during the day? _____

Is there a secretary or co-worker or colleague with whom we may leave a detailed message? If so, please list his/her name and number.

IN EMERGENCY CALL: Someone who will know where you are if out of town

NAME

NO. & STREET

CITY

STATE ZIP

AREA CODE TELEPHONE

RELATIONSHIP

May we leave a detailed message with this person? _____

Please give us the name and telephone number of a neighbor who can go over and knock on your door if we can't reach you: _____

GENERAL DESCRIPTIONS:

	MALE	FEMALE		MALE	FEMALE
HAIR			AGE		
EYES			ETHNICITY		
COMPLEX			RELIGION		
HEIGHT			HOBBIES		
WEIGHT			DATE OF MARRIAGE		

Social Security Number: Male _____ Female _____

Place of marriage: _____
CITY COUNTY STATE

Please be prepared to provide us with a certified copy of your marriage certificate, if we are doing your adoption in Hawaii. We do not need it now, but you will want to apply for it.

DATE & PLACE OF BIRTH:

DATE OF BIRTH FULL NAME ON BIRTH CERTIFICATE

CITY COUNTY STATE

DATE OF BIRTH FULL NAME ON BIRTH CERTIFICATE

CITY COUNTY STATE

EDUCATIONAL HISTORY:

NAME FROM TO SCHOOL AND LOCATION

MAJOR YEAR GRADUATED DEGREE

NAME FROM TO SCHOOL AND LOCATION

MAJOR YEAR GRADUATED DEGREE

NAME	FROM	TO	SCHOOL AND LOCATION
MAJOR		YEAR GRADUATED	DEGREE

NAME	FROM	TO	SCHOOL AND LOCATION
MAJOR		YEAR GRADUATED	DEGREE

FINANCIAL SUMMARY:

MALE

FEMALE

Annual employment income: \$ _____ \$ _____

Other income all sources \$ _____ \$ _____

From what sources? _____

Life insurance: \$ _____ \$ _____

Savings/securities: \$ _____ \$ _____

Type of dwelling: _____ Own _____ Rent _____

Monthly rent: _____ Mortgage payment: _____

If own, market value: _____ Equity: _____

OTHER CHILDREN IN YOUR HOME:

(Asterisk by name if child is adopted)

NAME	SEX	AGE	BIRTHDATE

PRIOR MARRIAGES:

Name of spouse: _____ Married to: _____

Children and current ages: _____

With whom do children live? _____

Date of marriage: _____ City: _____ County: _____ State: _____

Terminated? (i.e., Divorce, Death, Annulment) - Date, City, County, State:

Name of spouse: _____ Married to: _____

Children and current ages: _____

With whom do children live? _____

Date of marriage: _____ City: _____ County: _____ State: _____

Terminated? (i.e., Divorce, Death, Annulment) - Date, City, County, State:

Name of spouse: _____ Married to: _____

Children and current ages: _____

With whom do children live? _____

Date of marriage: _____ City: _____ County: _____ State: _____

Terminated? (i.e., Divorce, Death, Annulment) - Date, City, County, State:

Please be prepared to provide us with certified copies of all divorce decrees, death certificates, or annulment papers if we are doing your adoption in Hawaii. Not required now, but secure for later if needed.

ADDITIONAL PERSONAL HISTORY:

Explain any "yes" answers on the back of this page

Have either of you ever:

Been in bankruptcy? _____

Been in a mental hospital? _____

Had psychotherapy? _____

Been arrested except in traffic offenses? _____

Received other than an honorable discharge from military service? _____

Been turned down by an adoption agency? _____

Placed a child for adoption? _____

Filed for divorce, dissolution, legal separation or annulment of this marriage? _____

Been, or are you presently, past due on any court-ordered installment of child support? ____

List any serious health problems for which you have been treated in the past 5 years:

CONCERNING THE ADOPTION:

What are your ethnic preferences? Please check those that you would accept:

	<u>ALL</u>	<u>1/2</u>	<u>1/4</u>	<u>< 1/4</u>
Caucasian:	_____	_____	_____	_____
Asian:	_____	_____	_____	_____
Hispanic Mexican-South American:	_____	_____	_____	_____
African /American:	_____	_____	_____	_____
Native American:	_____	_____	_____	_____
Pacific Islander: Hawaiian, Samoan, Marshallese, etc.	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

Would you consider an already born child? _____ How old? _____

Would you consider twins? _____ Triplets? _____ Siblings? _____

Would you consider a special needs child? _____

What is NOT acceptable to you in an adoption? _____

Please tell us of any specific requirements or preferences you have concerning adoption:

If desired by natural parents, would you meet her/him/them personally? _____

Do you particularly wish to meet? _____

Would you refuse to meet? _____

How do you feel about continuing contact, such as letters, photos, visits, etc.? _____

If the baby is a boy, do you wish a hospital circumcision? _____

Are you unable to have a child biologically? Yes _____ No _____

Please explain: _____

What other steps, if any, have you taken towards adopting? _____

Are you still pursuing those other avenues? _____

Do you have a current homestudy? _____

If so, when does it expire? _____

If so, who performed the homestudy? _____

Is it for domestic or international adoption? _____

How long have you considered adoption? _____

How did you hear about this office? _____

Is there anything else you would like us to know about you? _____

Dated: _____

Signature: _____

Signature: _____