



Special Children, Inc.
"An Adoption Agency For All Children"

ADOPTION APPLICATION

HUSBAND

WIFE

NAME _____
LAST FIRST MIDDLE MAIDEN NAME FIRST MIDDLE

RESIDENCE _____
NUMBER AND STREET (APT. NO.) CITY COUNTY STATE ZIP CODE

TELEPHONE NUMBER _____

MONTHLY RENT _____

MARRIAGE _____

CHILDREN LIST NAMES	SEX	BIRTHDATE <small>(Month, Day, Year)</small>	RELATION TO HUSBAND		RELATION TO WIFE		WHERE LIVING
			<small>By Birth</small>	<small>Stepchild</small>	<small>By Birth</small>	<small>Stepchild</small>	

OTHERS LIVING IN THE HOME <small>NAME</small>	RELATIONSHIP	BIRTHDATE <small>(Month, Day, Year)</small>

HUSBAND			WIFE		
BIRTH	DATE	PLACE	DATE	PLACE	GRADE COMPLETED
EDUCATION		GRADE COMPLETED			GRADE COMPLETED
ELEMENTARY SCHOOL			ELEMENTARY SCHOOL		
HIGH SCHOOL			HIGH SCHOOL		
OTHER			OTHER		
PRESENT EMPLOYMENT					
OCCUPATION			OCCUPATION		
EMPLOYER			EMPLOYER		
OFFICE TEL. NO.			OFFICE TEL. NO.		
ADDRESS			ADDRESS		
LENGTH OF EMPLOYMENT <small>IN THIS POSITION</small>			LENGTH OF EMPLOYMENT <small>IN THIS POSITION</small>		

HUSBAND				WIFE			
INCOME LAST 12 MONTHS							
CITIZENSHIP							
DATE		PLACE		DATE		PLACE	
PETITION NO.				PETITION NO.			
RELIGION				RELIGION			
<input type="checkbox"/> NO AFFILIATION				<input type="checkbox"/> NO AFFILIATION			
PREVIOUS MARRIAGE				PREVIOUS MARRIAGE			
DATE		CITY		DATE		CITY	
		STATE				STATE	
DATE TERMINATED				DATE TERMINATED			
DEATH		ANNULMENT		DEATH		ANNULMENT	
		DIVORCE				DIVORCE	
MILITARY SERVICE				MILITARY SERVICE			
DATES				DATES			
HUSBAND'S RELATIVES				WIFE'S RELATIVES			
NAME & ADDRESS			AGE	NAME & ADDRESS			AGE
FATHER							
MOTHER							
BROTHERS & SISTERS							
HAVE YOU APPLIED FOR A CHILD ELSEWHERE?				DATE & PLACE			

DESCRIPTION OF CHILD DESIRED:

Has either parent ever:

Been arrested? _____

Received psychiatric treatment or counseling? _____

Received treatment for alcohol or drug abuse? _____

Received treatment for a major medical problem? _____

If so, explain: _____

DIRECTIONS FOR REACHING YOUR HOME:

How did you hear about us? _____

SIGNATURE _____
HUSBAND WIFE DATE

PLEASE INCLUDE YOUR \$100 APPLICATION FEE WITH THIS FORM.

*Failure to provide complete and accurate information may be cause for denial.