

A Caring Connection of Catholic Social Service Bureau

INITIAL ADOPTION QUESTIONNAIRE

Name: _____ Name: _____

Address: _____ County _____

City, State: _____ Zip Code: _____

How long have you lived at this address: _____ Home Phone: _____

Mobile #:(Husb.) _____ (Wife) _____

Email: (Husb.) _____ (Wife) _____

Date and Place of Marriage: _____

Husband

Wife

Work Phone: _____

Employer: _____

Occupation _____

Education: _____

Income: _____

Birthdate: _____

Birth Place _____

Religion: _____

Ethnicity: _____

Hair Color: _____

Eyes: _____

Height: _____

Do you and your spouse meet the eligibility requirements listed on the back of this form? yes _____ no _____

If no, please explain: _____

Do you have any children? yes _____ no _____ If so, please list their dates of birth _____

Have you or your spouse been divorced? _____ Number of times and dates: _____

Have you or your spouse been charged or convicted of any crime including those which have been annulled, expunged or sealed by a court? yes _____ no _____

Have you ever applied for adoption through another agency? yes _____ no _____

Were you approved by that agency? yes _____ no _____ Name of agency: _____

