

***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: \_\_\_\_\_

