

ADOPTION COUNSELING SERVICES, INC.

2185 Wickersham Lane
Germantown, TN 38139
(901) 753-9089

APPLICATION FOR ADOPTION

NAME: _____ NAME: _____
Last First Middle Maiden First Middle

ADDRESS: _____
House Number & Street City County State Zip

TELEPHONE NUMBER _____
Home # Husband's Work # Wife's Work #

EMAIL ADDRESS: _____

DIRECTIONS TO HOUSE FROM MAJOR STREET: _____

DATE/PLACE OF BIRTH: _____ DATE/PLACE OF BIRTH _____

ETHNIC BACKGROUND: _____ ETHNIC BACKGROUND: _____

RELIGION: _____ RELIGION: _____

PHYSICAL DESCRIPTION: _____ PHYSICAL DESCRIPTION _____
Hair/Eyes Hair/Eyes

Complexion Height Weigh Complexion Height Weight

EDUCATION _____ EDUCATION _____
Elementary Elementary

_____ High School _____ High School

_____ Other (Describe) _____ Other (Describe)

SOCIAL SECURITY NUMBER: _____ SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____ OCCUPATION: _____

Present Employer/Company

Present Employer/Company

Husband's Employer's Complete Address (including Zip)

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Wife's Employer's Complete Address (including Zip)

LENGTH OF EMPLOYMENT: _____

LENGTH OF EMPLOYMENT: _____

ANNUAL SALARY: _____

ANNUAL SALARY: _____

PREVIOUS OCCUPATION (HUSBAND): _____

PREVIOUS OCCUPATION (WIFE): _____

OTHER PERSONS OR CHILDREN LIVING IN YOUR HOUSEHOLD

NAME	AGE	OCCUPATION	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE OF MARRIAGE: _____ PLACE OF MARRIAGE: _____

CEREMONY PERFORMED BY: _____

HUSBAND'S RELATIVES
(Father, Mother, Brothers, & Sisters)

FATHER'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL NUMBER OF CHILDREN _____

CHILDREN'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WIFE'S RELATIVES
(Father, Mother, Brothers, & Sisters)

FATHER'S NAME	AGE	ADDRESS/ZIP	OCCUPATON
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MOTHER'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
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TOTAL NUMBER OF CHILDREN: _____

CHILDREN'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
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NAMES AND ADDRESSES OF FIVE (5) PERSONS WHO WILL ACT AS REFERENCES. (TWO RELATIVES AND THREE NON-RELATIVES)

Letters may be sent by email or postal mail.

NAME/TITLE	COMPLETE ADDRESS
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SIGNATURES: _____

DATE: _____
