

Autobiography

JOINT PARENT INFORMATION

Name(s): _____

PLEASE DESCRIBE YOUR MARTIAL RELATIONSHIP

On what date did you first meet your spouse: (month and year) : _____

Date you began dating: _____

What is your wedding date: _____

In which City and State did you get married? _____

How did you meet your spouse/significant other: _____

What are the strengths of your marriage?

What has been the biggest challenge in your marriage:

How does Applicant # 1 Describe Applicant # 2: _____

How does Applicant # 2 Describe Applicant # 1: _____

As a couple, how do you make decisions? _____

How do you handle conflicts? _____

ATTITUDES AND MOTIVATION TO ADOPT

Why do you want to adopt? Describe your motivation: _____

Have you experienced fertility issues? YES ___ NO ___ What type of treatment did you pursue?

Do you have any close friends or family members who have been adopted or who have adopted?

Why do you want to adopt through your chosen country? [for international adoption only]

How will you preserve your child's cultural heritage? _____

Do you plan to join any adoptive support groups? If so which groups? _____

ATTITUDES TOWARD PARENTING

How much time will you take off work at the time of the adoption?

Applicant # 1: _____

Applicant # 2: _____

What is your child care plan after returning to normal work schedule? Who will watch your child when you are working? _____

SOCIAL AND RELIGIOUS NETWORKS

Do you currently identify with any particular Religion? ___ Yes ___ No Which?

Do you attend any particular church? ___ Yes ___ No

What is the name of your church? _____

Are you members of this church? ___ YES ___ NO

Do you actively attend this church? ___ YES ___ NO

Do you plan to raise your adopted child in this church? ___ YES ___ NO

CHILDREN CURRENTLY IN HOME

Please provide the following information for each child currently residing in your home:

Child Full Name: _____

Child's relationship to you: ___ Biological Child ___ Adoptive Child ___ Step Child

DOB: _____ Age _____ Birth Place: _____

Current Height: _____ Weight: _____ Hair: _____ Eyes: _____

Describe this child's personality:

What are this child's interests?

Name of School currently attends: _____
Current Grade level: _____
How well does child perform: _____

Does child have any health problems? If yes, please describe:

Name of the doctor who will complete the child's medical form:

Describes your child's feelings about adoption plan:

How well do you think this child will adjust to the addition of an adopted child into the family?

Any additional information about this child that you think should be included:

