

# G.L.A.D. Adoption Agency

P.O. Box 9105

Evansville, IN 47710

Phone - 812-424-4523 Fax - 812-424-3180

glad@gladadoption.com

Please attach a recent Photograph

## **Adoption Preference**

Closed Communication ( )

Closed Adoption ( )

Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Country

Telephone: Home: \_\_\_\_\_ His Business #: \_\_\_\_\_

His Cell #: \_\_\_\_\_ Her Cell #: \_\_\_\_\_ Her Business #: \_\_\_\_\_

His email: \_\_\_\_\_ Her email: \_\_\_\_\_

Directions for reaching the home: \_\_\_\_\_

## **Husband**

Name: \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_

Birth date: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
City - County - State

Citizenship: \_\_\_\_\_

Nationality/Decent: \_\_\_\_\_

Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color: Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Education: \_\_\_\_\_

Marriage Date: \_\_\_\_\_

## **Wife**

Name: \_\_\_\_\_  
First Middle Last

Social Security #: \_\_\_\_\_

Birth date: \_\_\_\_\_

Birthplace: \_\_\_\_\_  
City - County - State

Citizenship: \_\_\_\_\_

Nationality/Decent: \_\_\_\_\_

Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color: Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Education: \_\_\_\_\_

Married at: \_\_\_\_\_  
Church - City - State

Previous Marriage Date: \_\_\_\_\_

**Husband**

Previous Divorce Date: \_\_\_\_\_

Previous Marriage Date: \_\_\_\_\_

Previous Divorce Date: \_\_\_\_\_

Hobbies: \_\_\_\_\_

\_\_\_\_\_

Religious Denomination: \_\_\_\_\_

Church you attend: \_\_\_\_\_

How often: \_\_\_\_\_

Activities: \_\_\_\_\_

List any criminal history that might affect your placement: \_\_\_\_\_

\_\_\_\_\_

Current Status of criminal history listed above (dismissed/penalty completed/probation completed):

\_\_\_\_\_

On a separate sheet of paper, explain what it means to be a Christian and briefly describe your spiritual background or testimony. (Both husband and wife on separate sheets of paper.)

**Income & Employment**

**Husband**

**Wife**

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Firm: \_\_\_\_\_

Firm: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Firm Ph #: \_\_\_\_\_

Firm Ph #: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Total Annual Income: \_\_\_\_\_

Total Annual Income: \_\_\_\_\_

**Last Previous Employment**

**Last Previous Employment**

Firm: \_\_\_\_\_

Firm: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Military Service Dates: \_\_\_\_\_

Military Service Dates: \_\_\_\_\_

Income (other than employment): \_\_\_\_\_

Total Amount Indebtedness: \_\_\_\_\_

Total Amount Savings: \_\_\_\_\_

Would the prospective adoptive mother be employed more than part-time (15 hrs or 2 working days)

Outside of the home after placement?

## Children

Name	Birth date	Sex	Biological/ Adopted	Birthplace- City/Co./State	Last grade completed	Occupation/ School

\* Place an asterisk beside any child's name that lives outside the home permanently.

If you currently have children in your home, what form of child care is used? \_\_\_\_\_

## Others Living in the Home

Name of others In home (help also)	Birth date	Sex	Religion	Relationship	Whom Related	Occupation/ School

## Relatives

Name	Marital Status	Age	# of children	Address- City/Co./State/Zip	Education	Occupation
Parents of Husband						
Brothers & Sisters of Husband						
Parents of Wife						
Brothers & Sisters of Wife						

\* If more space is required for listing relatives, attach a separate sheet.



