

APPLICATION FOR ADOPTION CONTACT INFORMATION

Today's Date: _____

His Full Name: _____

Her Full Name: _____

His Work: () _____

Her Work #: () _____

His Cell #: () _____

Her Cell #: () _____

Home #: _____

Email Address: _____

Home Address: _____

PERSONAL INFORMATION

His Age: _____

Her Age: _____

His Eye Color: _____

Her Eye Color: _____

His Hair Color: _____

Her Hair Color: _____

His Occupation: _____

Her Occupation: _____

Employed By: _____

Employed By: _____

MARRIAGE AND FAMILY

Date of Marriage: _____

Where: _____

Any Prior Marriages? If yes, please explain: _____

Children? If yes, please list names and ages: _____

Family values, lifestyle, and activities: _____

Religion and Church Involvement/Activities: _____

ANCESTRY AND ETHNIC BACKGROUND For Father, Mother, Siblings

(For Example: Hispanic, Native American, French, African American, Irish, Italian, Etc.)

His

Hers

REASON YOU WANT TO ADOPT

PREFERENCE QUESTIONNAIRE

Any Preference? Boy / Girl / Does Not Matter

Please read the following questions carefully. Answer each question with a “Yes,” “No,” or “Maybe.” If you would like to explain your answers, please use a separate sheet of paper.

When considering the adoption of a child, would you consider the placement of:

- _____ twins
- _____ a full Caucasian child
- _____ a full Black child
- _____ an Oriental child
- _____ an Indian child
- _____ a child of Spanish descent
- _____ a biracial Black/White child
- _____ a mixed race child, excluding Black
- _____ a mixed race child, including Black
- _____ a child with a minor or correctable physical problem
- _____ a child with a moderate physical problem requiring some special medical attention
- _____ a child with a severe or non-correctable physical problem requiring continuous care
- _____ a mildly mentally retarded child or a slow learner
- _____ a moderately mentally retarded child
- _____ a severely mentally retarded child
- _____ a child whose birthfamily has a history of mild to moderate physical problems

- _____ a child whose birthfamily has a history of severe physical problems
- _____ a child whose birthfamily has a history of genetic disease
- _____ a child whose birthparent is a slow learner
- _____ a child whose birthparent is mentally retarded
- _____ a child whose birthparent has a history of mental illness which **could** produce a predisposition to that illness
- _____ a child born of a parent who used alcohol/drugs mildly at the time of conception or during the pregnancy
- _____ a child born of a parent who used alcohol/drugs moderately at the time of conception or during the pregnancy
- _____ a child born of a parent who used alcohol/drugs heavily at the time of conception or during the pregnancy
- _____ a healthy child born of an incestuous relationship
- _____ a child conceived through an act of rape
- _____ a child conceived through an extra-marital affair
- _____ a child surrendered by a married couple
- _____ a child whose birthfather is unknown
- _____ a child of an extremely sexually active birthmother
- _____ a child under 3 months of age
- _____ a child under 6 months of age
- _____ a child under 1 year of age
- _____ a child up to 18 months of age
- _____ a child up to 2 years of age
- _____ a child between 2 and 4 years of age
- _____ a child over 4 years old
- _____ if you are interested in the placement of a child **other than** a full Caucasian child, is it important that the child have a light complexion?

Comments:

POST ADOPTION INFORMATION

Arrangements for childcare if adoption materializes: _____

If the Birth Mother and/or Birth Father requests a picture of the baby, would you provide them through your attorney? Yes / No

How Did You Learn About Terri H. Odom: _____

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