

[Attach picture here]

**LUTHERAN CHILDREN AND FAMILY SERVICE
of EASTERN PENNSYLVANIA**
1256 Easton Road, Roslyn, PA 19001-3128
Office 215-881-6800 Fax 215-884-3110

File # _____

Date: _____

(Office Use Only)

**ADOPTION UNIT
FORMAL APPLICATION FOR THE ADOPTION OF A CHILD**

APPLICANT #1:

Name: _____
(Last) (First) (Middle)

Street Address: _____

City, State, Zip Code _____

Home Telephone No.: (include area code) _____ County: _____

E-mail Address: _____ What Is Your Primary Language Spoken: _____

Directions to Your Home: _____

BIRTH

Date: _____ Place: _____

Race: _____ Citizenship: _____

Social Security No.: _____

PHYSICAL DATA

Height: _____ Weight: _____

Color of Hair: _____

Color of Eyes: _____

RELIGIOUS DENOMINATION: _____

Name of Church: _____

Street Address: _____

City _____

State: _____ Zip: _____

Telephone #: _____

EDUCATION

High School graduate? Y ___ N ___

If not, last grade completed: _____

Other training or degree/s: _____

When: _____ Where: _____

PRESENT EMPLOYMENT:

Occupation: _____

Name of Present Employer: _____

Employer's Address _____

City, State, and Zip Code _____

Telephone No. (include area code): _____

Supervisor's Name (for reference): _____

Length of time employed: _____ Gross annual salary: _____

MARRIAGE

Date: _____ Place: _____ License No.: _____

Pastor's full name: _____

or Judge (name): _____

PREVIOUS MARRIAGE/S. Y ___ N ___

Number of: _____ Name of former spouse: _____

How terminated: _____

Date: From: _____ To: _____ Place: _____ No: _____

(If more than one marriage, attach information on a separate sheet)

Applicant # 1 continued (Name): _____

FAMILY MEMBERS

Your Father's Name: _____
Street Address: _____
City, State, Zip: _____
Birthdate: _____ Living Deceased

Your Mother's Name: _____
Street Address: _____
City, State, Zip: _____
Birthdate: _____ Living Deceased

SIBLINGS: *If there are additional brothers and/or sisters, please attach a separate page.*

Name	Birth Year	Sex	Marital Status	City	State	Occupation

PREVIOUS ADDRESSES: Last Five (5) Years

1. _____ From: _____ To: _____
2. _____ From: _____ To: _____
3. _____ From: _____ To: _____
4. _____ From: _____ To: _____

MILITARY SERVICE

From: _____ To: _____
Branch: _____ Type of Discharge: _____

INFORMATION REQUIRED BY STATE/COURT FOR FINALIZATION:

Please answer YES or NO:

	YES *	NO
1. Have you ever been convicted of a crime?	_____	_____
2. Have you ever appeared in a Domestic Relations Court?	_____	_____
3. Have you ever been on Public Assistance?	_____	_____
4. Have you ever been involved in a Child Abuse Investigation?	_____	_____
5. Have you had an indicated abuse report?	_____	_____

NOTE: *State regulations require that we submit your name/s to a State Police and Child Line Abuse Investigation.*

* If YES to any of the above questions, please explain: _____

Applicant # 2 continued (Name): _____

FAMILY MEMBERS

Your Father's Name: _____
Street Address: _____
City, State, Zip: _____
Birthdate: _____ Living Deceased

Your Mother's Name: _____
Street Address: _____
City, State, Zip: _____
Birthdate: _____ Living Deceased

SIBLINGS: *If there are additional brothers and/or sisters, please attach a separate page.*

Name	Birth Year	Sex	Marital Status	City	State	Occupation

PREVIOUS ADDRESSES: Last Five (5) Years

- 1. _____ From: _____ To: _____
- 2. _____ From: _____ To: _____
- 3. _____ From: _____ To: _____
- 4. _____ From: _____ To: _____

MILITARY SERVICE

From: _____ To: _____
Branch: _____ Type of Discharge: _____

INFORMATION REQUIRED BY STATE/COURT FOR FINALIZATION:

Please answer YES or NO:

	<u>YES</u> *	<u>NO</u>
1. Have you ever been convicted of a crime?	_____	_____
2. Have you ever appeared in a Domestic Relations Court?	_____	_____
3. Have you ever been on Public Assistance?	_____	_____
4. Have you ever been involved in a Child Abuse Investigation?	_____	_____
5. Have you had an indicated abuse report?	_____	_____

NOTE: *State regulations require that we submit your name/s to a State Police and Child Line Abuse Investigation.*

* If YES to any of the above questions, please explain: _____

FAMILY DETAILS FOR APPLICANT(S)-- continued:

Are you a foster parent? ___ Y ___ N If yes, which agency? _____

Have you ever been a foster parent with Lutheran Children and Family Service? ___ Y ___ N

Have you ever applied to another agency for foster care or adoption? ___ Y ___ N

If yes, give details: _____

TYPE OF ADOPTION:

1. Are you adopting a child in your home? ___ Y ___ N

Sex: Male ___ Female ___ Age: _____

Details: _____

2. Are you looking to be matched with a child? ___ Y ___ N

Sex: Male ___ Female ___ Age: _____

Details: _____

I / We understand that I/we are responsible to pay all fees (if applicable) in that they are payment for services rendered.

Please advise Lutheran Children and Family Service immediately when any change occurs regarding the information on this application.

I / We have carefully and honestly answered the questions above, and herewith present this application for your consideration. My/our signatures are evidence of the fact that I/we have agreed on making this application.

Applicant # 1 Signature

Date

Applicant # 2 Signature

Date