

**Family Adoption Services**  
2010 Lancaster Road  
Birmingham Alabama 35209  
(205) 414-6003

**FAMILY ADOPTION SERVICES APPLICATION**

**ADOPTIVE FATHER:**

Name:

\_\_\_\_\_

First	Middle	Last
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Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip	County
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Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Birthplace (city, county, state) \_\_\_\_\_

Current Employer's name and address:  
\_\_\_\_\_

Occupation/position: \_\_\_\_\_ Years with this employer: \_\_\_\_\_

PLEASE LIST LAST 3 EMPLOYERS AND LENGTH OF EMPLOYMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of this marriage (circle one): 1      2      3      Other: \_\_\_\_\_

If married before, each marriage ended by (circle one):

**death**                      **divorce**                      **dissolution**                      **annulment**

Date each marriage ended (month, day, year): \_\_\_\_\_

If divorced, county and state where divorce finalized: \_\_\_\_\_

Education (circle highest grade completed)

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Elementary/secondary: 0 1 2 3 4 5 6 7 8 9 10 11 12

college: 1 2 3 4 5+

Religious affiliation: \_\_\_\_\_

Do you have a chronic physical ailment/illness? If yes, describe fully:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever consulted a psychologist, psychiatrist, or counselor for any emotional or mental condition? If yes, describe fully:

\_\_\_\_\_

Have you consulted with or been treated by an infertility specialist? \_\_\_\_\_

If yes, describe fully including the name of your physician(s) and diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

**ADOPTIVE MOTHER:**

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

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

\_\_\_\_\_  
City                                  State                          Zip                          County

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Birthplace (city, county, state) \_\_\_\_\_

Current Employer's name and address:  
\_\_\_\_\_

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Occupation/position: \_\_\_\_\_ Years with this employer: \_\_\_\_\_

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Have you ever consulted a psychologist, psychiatrist, or counselor for any emotional or mental condition? If yes, describe fully:

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Have you consulted with or been treated by an infertility specialist? \_\_\_\_\_

If yes, describe fully including the name of your physician(s) and diagnosis:

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**MARRIAGE:**

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Date married (month, day, year): \_\_\_\_\_

Place married:

\_\_\_\_\_

City	County	State
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**CHILDREN:**

\_\_\_\_\_

\_\_\_\_\_

List full name(s) and age(s) of all children in family, including any minor children of a former marriage, regardless of their place of residence:

**CRIMINAL HISTORY:**

Has either applicant ever been arrested or convicted of any crime (misdemeanor or felony)? If yes, please describe fully:

\_\_\_\_\_

\_\_\_\_\_

**TYPE OF CHILD DESIRED:**

\_\_\_\_\_

Age	Race
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Note: Though the agency typically places newborns, we are occasionally contacted by birth parents that desire our assistance in placing older children (18 months up to 10 years). Should a situation arise involving an older child, would you like for us to call you to consider the placement?

Both acknowledge and affirm that all information provided herein is true and accurate.

\_\_\_\_\_

Adoptive Father	Date	Adoptive Mother	Date
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