



ADOPTIVE PARENT APPLICATION

Applicants Names: _____ Date: _____

1. GENERAL INFORMATION

Parent 1 Full Legal Name: _____
(first middle last)

Maiden Name or other names used: _____

Birthdate: _____ Age: _____ Birthplace: _____

Race: _____ Ethnicity: _____ US Citizen? Yes No
(city, state)

State Issued ID (obtain copy of ID): _____

Social Security#: _____ Cell Phone: _____

Email: _____ Do you check it? Yes No

Employer: _____ Position: _____

Florida Resident since: _____ Previously Lived: _____

Parent 2 Full Legal Name: _____
(first middle last)

Maiden Name or other names used: _____

Birthdate: _____ Age: _____ Birthplace: _____

Race: _____ Ethnicity: _____ US Citizen? Yes No
(city, state)

State Issued ID (obtain copy of ID): _____

Social Security#: _____ Cell Phone: _____

Email: _____ Do you check it? Yes No

Employer: _____ Position: _____

Florida Resident since: _____ Previously Lived: _____



Date of marriage: _____ in _____
(city state county)

Is this a first marriage? Parent 1: Yes No Parent 2: Yes No

Previous marriage:

Parent 1: Date: _____ City/State/County: _____

Terminated: Date: _____ City/State/County: _____

Parent 2: Date: _____ City/State/County: _____

Terminated: Date: _____ City/State/County: _____

Current Address: _____

(street apt. # city state zip code)

County: _____ In or out of city limits?

Dates lived at: from _____ to _____

If less than 5 years, list previous addresses and from/to dates:

_____ from _____ to _____

_____ from _____ to _____

Current Family Structure: _____

Siblings: _____

(name age gender adopted/biological)

Others living in the home: _____

(name age gender relationship)

II. REASON FOR ADOPTION

Reason for adoption: _____



III. ADOPTION PREFERENCES

Have you matched with a birth mother or child yet? If yes, who?

Do you want an open or closed adoption? _____

What gender do you prefer? male female either

Do you have a race/ethnicity preference? _____

Are you open to children with disabilities or medical needs? Yes No

If Yes, drug dependent: Yes No Family Mental History: Yes No

Comments: _____

Do you have a child's age preference? _____

IV. Home Study Preview:

Do you have a current home study? Yes No

If yes, through _____ dated:

Is there anyone in your home that would not pass a state or federal background check? If yes, please explain: _____

Is there any reason either of the two parents would not pass a standard health physical? If yes, please explain: _____

Have you previously had a failed adoption and if so what were the circumstances? _____

Notes: _____

How did you hear about us? _____

Parent #1 signature:

Parent #2 signature:

Documents needed: Copy of Parent 1's /Parent 2's ID, Current Home Study