

**CATHOLIC CHARITIES OF NORTHERN KANSAS
ADOPTION APPLICATION**

PLEASE PRINT OR TYPE

DATE: _____

HUSBAND

Name: _____
 FIRST MIDDLE LAST

Place of Birth: _____ Date of Birth: _____

Race: _____ Ethnic background: _____

Religion: _____ Social Security Number: _____

WIFE

Name: _____
 FIRST MIDDLE LAST

Place of Birth: _____ Date of Birth: _____

Race: _____ Ethnic background: _____

Religion: _____ Social Security Number: _____

ADDRESS: _____
 Street or RFD City County State Zip

DESCRIPTION OF HOME: _____

Home Phone Number (_____) _____

Husband's Work Number (_____) _____

Wife's Work Number (_____) _____

PHYSICAL CHARACTERISTICS:

HUSBAND:

Height _____
Weight _____
Build _____
Complexion _____
Color of Eyes _____
Color of Hair _____
Health _____

WIFE:

Height _____
Weight _____
Build _____
Complexion _____
Color of Eyes _____
Color of Hair _____
Health _____

How long have you lived in this county? Husband _____ Wife _____
How long have you lived in Kansas? Husband _____ Wife _____

OTHERS IN HOUSEHOLD:

Name: _____ Age ____ DOB _____ Relationship _____

PARISH OR CHURCH _____

PRIEST OR PASTOR _____

MARRIAGE: Date _____ Church _____
City _____ State _____

MARRIED PREVIOUSLY:

Husband _____ If yes, length of marriage _____ Date of divorce: _____
Wife _____ If yes, length of marriage _____ Date of divorce: _____

NOTE: If children from a previous marriage are not living in your home, please list their names, ages and present address on a separate sheet.

EDUCATION, EMPLOYMENT HISTORY: HUSBAND

EDUCATION:

High School _____ Years completed _____
College _____ Years completed _____
Degree Obtained _____ Year _____

PRESENT EMPLOYMENT:

Occupation _____
Employer _____
Length of employment _____
Previous Job or Occupation _____
Company _____ Date Employed _____
Previous Job or Occupation _____
Company _____ Date Employed _____

EDUCATION, EMPLOYMENT HISTORY: WIFE

EDUCATION:

High School _____ Years completed _____

College _____ Years completed _____

Degree Obtained _____ Year _____

PRESENT EMPLOYMENT:

Occupation _____

Employer _____

Length of employment _____

Previous Job or Occupation _____

Company _____ Date Employed _____

Previous Job or Occupation _____

Company _____ Date Employed _____

ORGANIZATIONS OF WHICH YOU ARE A MEMBER:

HUSBAND: _____

WIFE: _____

FINANCIAL STATUS:

	HUSBAND	WIFE
INCOME: Last Year - Adjusted Gross	\$ _____	\$ _____
Present Monthly Amount	\$ _____	\$ _____

ASSETS OF COUPLE:

Life Insurance	\$ _____	\$ _____
Savings	\$ _____	
Home: If owned - Mortgage	\$ _____	
Real Estate Equity	\$ _____	
Other:	\$ _____	

RELATIVES: (If deceased, give age at death)

HUSBAND:

Mother's Name _____

Address _____ Phone (____) _____

Father's Name _____

Address _____ Phone (____) _____

RELATIVES: (If deceased, give age at death)

WIFE:

Mother's Name _____

Address _____ Phone (____) _____

Father's Name _____

Address _____ Phone (____) _____

Other close relatives living nearby; indicate relationship:

Name _____ Phone (____) _____

Address _____ Relationship _____

Name _____ Phone (____) _____

Address _____ Relationship _____

Name _____ Phone (____) _____

Address _____ Relationship _____

Name _____ Phone (____) _____

Address _____ Relationship _____

REFERENCES: List names of four persons (not relatives) who have known you well as a married couple for two years or more.

Name _____ Phone (____) _____

Address _____ Relationship _____

Name _____ Phone (____) _____

Address _____ Relationship _____

Name _____ Phone (____) _____

Address _____ Relationship _____

Name _____ Phone (____) _____

Address _____ Relationship _____

FAMILY PHYSICIAN: Name: _____

Address: _____

OB-GYN: Name: _____

Address: _____

HEALTH INSURANCE: _____

ADOPTION

1. Why do you want to adopt a child? _____

2. If you cannot have your own children; what is the reason? _____

3. Have you applied elsewhere for a child? _____

When? _____

Where? _____

Are you working with another agency at present? _____

FINANCIAL STATEMENT

FIXED MONTHLY EXPENSES

Rent \$ _____

Mortgage \$ _____

Monthly installments
(credit cards, loans, etc.) \$ _____

Insurance Premiums \$ _____

Vehicle Payments \$ _____

Taxes \$ _____

Other \$ _____

TOTAL \$ _____

VARIABLE MONTHLY EXPENSES

Utilities \$ _____

Groceries \$ _____

Transportation \$ _____

Clothing \$ _____

Household goods
(furniture, etc.) \$ _____

Medical & Dental \$ _____

Recreation \$ _____

Church \$ _____

Other \$ _____

TOTAL \$ _____

****PLEASE INCLUDE A COPY OF YOUR 2 MOST RECENT 1040 INCOME TAX FORMS**

In making application, we agree to cooperate in the Adoption Workshop and the Home Evaluation process. Statements on this form and other information we provide will be correct to the best of our knowledge. We understand that any misrepresentation or false statement will be basis for denial of our application.

Husband's Signature

Date

Wife's Signature

Date