

ADOPTION CENTER FOR FAMILY BUILDING

8707 SKOKIE BLVD., SUITE 208, SKOKIE, IL 60077

847-674-3231

AND

8645 Connecticut St., Merrillville, IN 46410

219-795-9900

ADDRESS ALL CORRESPONDENCE TO OUR ILLINOIS OFFICE

INDIANA APPLICATION FOR ADOPTION PREPARATION

DATE _____

LAST NAME OF APPLICANT(S) _____

1ST APPLICANT _____

Birthdate _____ Birthplace _____
First Middle Last (name you prefer to be called)

Education _____

Employment _____

Occupation _____

Social Security # ____ - ____ - ____ Annual Income _____

2ND APPLICANT _____

Birthdate _____ Birthplace _____
First Middle Last (name you prefer to be called)

Education _____

Employment _____

Occupation _____

Social Security # ____ - ____ - ____ Annual Income _____

CURRENT MARITAL STATUS: single ____ married ____ divorced ____ separated ____

PRESENT ADDRESS _____

How long resided _____ OWN ____ RENT ____ NO. OF ROOMS _____ NO OF BEDROOMS _____
Street City State Zip County

CONTACT INFORMATION

(Home Phone) _____

(Business) 1st (hers) _____ 2nd (his) _____

(Cellular) 1st (hers) _____ 2nd (his) _____

(Email) 1st (hers) _____

2nd (his) _____

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MARRIAGE DATE AND PLACE _____

Previous marriages (date, place and where terminated) _____

CHILDREN Yes _____ No _____

If Yes, NAMES AND AGES _____

By birth _____ By adoption _____ By remarriage _____

OTHER MEMBERS OF YOUR HOUSEHOLD? _____

RELIGION (if applicable) _____

CURRENT HEALTH STATUS _____

REFERENCES (Please provide the names and addresses of 2 close relatives and 3 unrelated persons who know how you care for children.)

RELATIVES

A. _____

B. _____

PERSONAL

A. _____

B. _____

C. _____

Are any of the following in your background (current or past): criminal record (**both arrests & convictions**), history of drug use, hospitalizations, mental health issues (such as counseling)? If yes, please comment.

How long have you lived in Indiana? 1st Applicant _____ 2nd Applicant _____

How did you hear about us? _____

Have you had an initial consultation at ACFB? _____ If so, when? _____

Are you requesting a Domestic or International homestudy? _____

If international, what country? _____

The information we/I have provided on this application is true to the best of our/my knowledge.

SIGNATURE(s) _____

(1st Applicant)

(2nd Applicant)

Date _____

Please return application to our **Illinois** office, along with the \$375 application fee.