



All Blessings International, Inc.

P.O. Box 1503
Springfield, MO 65801
(417) 882-3656 or 1-866-543-7459
www.allblessings.org

PRELIMINARY APPLICATION FOR ADOPTION SERVICES

*A non-refundable \$50 processing fee is due with this application

NAME:
Adoptive Father _____
(first) (middle) (last)

NAME:
Adoptive Mother _____
(first) (middle) (last) (maiden)

Address _____
(street) (city) (state) (zip code)

How long have you resided at the above address? _____

Please list all previous addresses for both applicants since the age of 18 and the dates of residence. If you are unable to recall the street names, please include the city and state.

Adoptive Father

Adoptive Mother

Home Phone _____ Fax Number _____

Cell Phone _____ Cell Phone _____
Adoptive Father Adoptive Mother

Work Phone _____ Work Phone _____
Adoptive Father Adoptive Mother

E-mail Address _____ E-mail Address _____
Adoptive Father Adoptive Mother

Is it okay to call you at work?
Adoptive Father Yes No Adoptive Mother Yes No

What is the best times to reach you and where? _____

Date of marriage _____ Place of marriage _____

Please list all the members of your household, including their age and their relationship to each of the adoptive applicants.

Adoptive Father Information:

Date of Birth _____ Place of Birth _____

Social Security Number _____ Race _____

Highest Level of Education Obtained _____

Name of College and major *(if applicable)* _____

Occupation _____ Employer's Name _____

Employer's Address _____

How long have you been employed by the above employer? _____

Weekly hours worked _____ Approx. Yearly Income _____

Religion (List Specific Denomination) _____

Have you been married previously? Yes No

If yes, please list the dates of prior marriages. _____

Are there any children from a prior marriage or relationship? Yes No

If yes, please list living and custody arrangements

Adoptive Mother Information:

Date of Birth _____ Place of Birth _____

Social Security Number _____ Race _____

Highest Level of Education Obtained _____

Name of College and major *(if applicable)* _____

Occupation _____ Employer's Name _____

Employer's Address _____

How long have you been employed by the above employer? _____

Weekly hours worked _____ Approx. Yearly Income _____

Religion (List Specific Denomination) _____

Have you been married previously? Yes No

If yes, please list the dates of prior marriages. _____

Are there any children from a prior marriage or relationship? Yes No

If yes, please list living and custody arrangements

Adoption Information:

Are you considering international adoption? Yes No

If yes, from which country? _____

Have you chosen a placement agency? Yes No

If yes, please give the following information:

Agency Name: _____

Address: _____
(street) (city) (state) (zip code)

Contact Name: _____ Phone Number: _____

Ages & number of child(ren) you are interested in adopting _____

Gender of child(ren) you are interested in adopting _____

Are you considering trans-racial adoption? Yes No

If yes, explain: _____

Are you considering special needs adoption? Yes No

If yes, what special needs would you consider: _____

Have you adopted before? Yes No From Where? _____

How did you hear of our adoption services?

- Cherish Kids Phone Book Internet Newspaper
- Personal Referral *(List Name)* _____
- Physician Referral *(List Name)* _____
- Other: *(Please Explain)*: _____

Adoptive Father Signature

Date

Adoptive Mother Signature

Date

AGENCY PERSONNEL ONLY Information entered in AIRS: Yes No Date: _____

Date Application Received: _____ Approved by: _____

Date Formal Application: _____ Sent by: _____

Payment Received: _____ Check #: _____