

Inheritance Adoptions, PO Box 2563, Wichita Falls, TX 76307-2563
 Street Address: 624 Indiana Ave Suite 308, Wichita Falls, TX 76301
 Telephone: (940) 322-3678 Fax: (940) 322-2386

FORMAL APPLICATION

Complete the following and write N/A or No if it does not apply:

Question / Information	Husband	Wife
Name: Last, First Middle format.		
Maiden name, alias, nickname, previous married name, any other.		
Driver's License # and Issuing State.		
Date and Place of Birth		
Have you lived or worked in any other state(s) during the last 3 years?		
If so, where and when (dates)?		
Do you carry a firearm? Are there firearms in the home? If so, where are they stored?		

In addition to completing this document, please include the following information in the completed packet you send in. Please contact us if you have any questions.

Copy of: 1) Marriage License 2) Driver's Licenses 3) Divorce Decree(s) 4) Health and Life Insurance
 5) Children's shot records 6) Animal Shot Records

Photos: 1) You together as a couple 2) Home; inside and out - front and back

Additional: Proof of Income; last 4 check stubs for all household earners are sufficient.
 Previous Residences; include a list for the past 10 years.
 Health Forms (included); physician completed plus supplemental as required
 Floor Plan; Home and other as required, include dimensions, may be hand drawn

EMPLOYMENT INFORMATION (Husband)

Employer Name & Address:

Occupation: _____

Supervisors Name & Phone Number: _____

Job Description: _____

What do you like most about your work? _____

What do you like least about your work? _____

How long have you been with this job? _____

Annual Income: _____

Are you willing to be the sole financial supporter of your family? _____

List your employers and occupations for the past ten years, including annual income and reason for leaving. Use a separate sheet, if needed.

How do you plan to pay medical expenses for the birth mother and the child you wish to adopt?

HEALTH INFORMATION (Husband)

Handicaps: _____

Chronic Conditions: _____

Do you smoke? _____ If yes, how often? _____

Serious illness and dates: _____

Current Medications: _____

Operations, Dates & Recovery: _____

To your knowledge, have you fathered a child that subsequently aborted or miscarried?

Abortion	Yes _____	No _____	# _____
Miscarried	Yes _____	No _____	# _____

If yes, explain how you resolved this experience emotionally. _____

Have you been examined for sterility? _____

Results: _____

Why do you wish to adopt? _____

Please list all children you have fathered, and the name of their mother if other than your current wife:

<u>Name</u>	<u>Sex</u>	<u>Date of birth</u>	<u>Place of birth</u>	<u>Birth Defects</u>	<u>Cause</u>
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If deceased, give date and cause: _____

List all other adults and children living in your household: _____

FAMILY BACKGROUND (Husband)

Number of Brothers: _____
List each below.

Number of Sisters: _____

Name: _____

Address: _____

Date of Birth: _____ Date of Death: _____ Age at Death: _____

Health: _____ Education: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

=====
Name: _____

Address: _____

Date of Birth: _____ Date of Death: _____ Age at Death: _____

Health: _____ Education: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

=====
Name: _____

Address: _____

Date of Birth: _____ Date of Death: _____ Age at Death: _____

Health: _____ Education: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

=====

Name: _____

Address: _____

Date of Birth: _____ Date of Death: _____ Age at Death: _____

Health: _____ Education: _____

Home Phone: _____ Work Phone: _____

=====

HUSBAND'S PARENTS

Father's Name: _____

Address, if living, or date of death & age at death: _____

If deceased, please list the cause: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

Mother's Name: _____

Address, if living, or date of death & age at death: _____

If deceased, please list the cause: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

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APPLICANT/HUSBAND PREVIOUS MARRIAGES

Date: _____ To Whom: _____

Place: _____ Divorced/Widower: _____

Date of Termination/Death: _____

Please provide us with a copy of your Divorce Decree or your spouses death certificate. If you have any children from previous marriages, provide a copy of child support requirements.

EXPERIENCE WITH CHILDREN (Husband)

Describe children you have had in your home or you knew well, including their ages: _____

What background do you have that will benefit you in parenting? _____

What did your parent(s) do right that you plan to do involving parenting? _____

What did you parent(s) do that you disagree with and plan to do differently as a parent? _____

Have you made a commitment to yourself and spouse to raise this child in a loving Christian home and atmosphere?

Are you willing to continue to raise this child as your own if something happens to your spouse? _____

EDUCATION (Wife)

List the names and dates of schools attended, including vocational training, college degrees and graduate education:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYMENT INFORMATION (Wife)

List the date of your current and last employment and complete the following:

Employer Name & Address: _____

Occupation: _____

Job Description: _____

How often do you work overtime? _____

What do you like most about your work? _____

What do you like least about you work? _____

How long have you been at this job? _____

Annual Income: _____

List your employers and occupations for the past ten years, including annual income and reason for leaving, use a separate sheet of paper, if needed.

HEALTH INFORMATION (Wife)

Handicaps: _____

Chronic Conditions: _____

Do you smoke? _____ If yes, how often? _____

Serious Illnesses & Dates: _____

Current Medications: _____

Operation, Dates & Recovery: _____

Have you been examined for fertility? _____

Results: _____

Why do you wish to adopt? _____

How many pregnancies have you had? _____
Abortion yes _____ no _____ # _____
Miscarried yes _____ no _____ # _____

If yes, please explain how you resolved this experience emotionally: _____

List all of your children, if different from spouse's list. List father(s).

<u>Name</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	<u>Birth Defects</u>	<u>Cause</u>
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FAMILY BACKGROUND (Wife)

Number of Brother: _____ Number of Sisters: _____
List each below.

Name: _____

Address: _____

Date of Birth: _____ Date of Death: _____ Age at Death: _____

Health: _____ Education: _____

Occupation: _____

Home Phone: _____ Work Phone: _____
=====

Name: _____

Address: _____

Date of Birth: _____ Date of Death: _____ Age at Death: _____

Health: _____ Education: _____

Occupation: _____

Home Phone: _____ Work Phone: _____
=====

Name: _____

Address: _____

Date of Birth: _____ Date of Death: _____ Age at Death: _____

Health: _____ Education: _____

Occupation: _____

Home Phone: _____ Work Phone: _____
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WIFE'S PARENTS

Father's Name: _____

Address, if living, or date of death and age at death: _____

If deceased, please list the cause: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

Mother's Name, please list maiden name: _____

Address, if living, or date of death and age at death: _____

If deceased, please list the cause: _____

Occupation: _____

Home Phone: _____ Work Phone: _____

APPLICANT/WIFE PREVIOUS MARRIAGES

Date: _____ To Whom: _____

Place: _____ Divorced/Widow: _____

Date of Termination/Death: _____

Please provide us with a copy of your Divorce Decree or your spouses death certificate. If you have any children from a previous marriage, provide a copy of child support requirements.

EXPERIENCE WITH CHILDREN (Wife)

Describe children you have had in your home or you knew well, including their ages: _____

What background do you have that will benefit you in parenting? _____

What did your parent(s) do right that you plan to do involving parenting? _____

What did your parent(s) do that you disagree with and plan to do differently as a parent? _____

Have you made a commitment to yourself and spouse to raise this child in a loving Christian home and atmosphere?

Are you willing to continue raising this child as your own if something happens to your spouse?

At this time, who do you think you would select to raise you child(ren) if something happened to both you and your husband? Please provide names, addresses and phone numbers.

Have either or both of you applied for a child through any other agency, private or public? If yes, please give names and dates.

Have either or both of you ever had a home study started? Was it finished? Please explain.

REFERENCES

Please give all five references. Incomplete addresses may delay your application.

Pastor/Minister: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Relative: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Friend: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Friend: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Friend: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

CONFIDENTIAL INFORMATION
FROM THE ADOPTIVE COUPLE

Please answer the following questions as openly and honestly as possible. Write on a separate sheet of paper if more room is needed.

If you were placing your child for adoption, would you choose a couple such as yourself? Why or why not?

Will you consider adopting a child that is physically or mentally handicapped? _____

Will you consider adopting a child with AIDS? _____

Will you consider adopting a child with a differing ethnic background? Please explain. _____

Have either of you at any time had an emotional or physical extra-marital affair? If yes, explain how it was resolved.

Have you experienced any of the following? If so, please explain.

- Physical Abuse
- Verbal Abuse
- Sexual Abuse
- Divorce
- Abortion
- Miscarriage
- Chemical Dependency
- Alcohol Dependency

Have either of you been in individual or marital counseling? If yes, give the general reason, dates occurred, and what was resolved. If yes, may we contact your counselor? Please give name and address.

RELEASE

THE UNDERSIGNED applicants authorize all corporations, companies, credit agencies, educational institutions, persons, physicians, counselors, therapists, law enforcement agencies, court clerks, county clerks, military services, former employers, and other clerks of records to release information, including medical and health history, they may have about me/us to Inheritance Adoptions or its agents and release all agencies as listed above from any liability or responsibility for the release of any information obtained. In addition, we authorize the procurement of an investigative consumer report and understand such a report may contain information about my background, character, finances and personal reputation. This notice will also apply to any future update reports that may be requested. We authorize Inheritance Adoptions to obtain litigation records, whether civil or criminal, including arrest and conviction reports inclusive of city, county, state and federal records. We authorize Inheritance Adoptions to ascertain a copy of my driving record.

THE UNDERSIGNED further authorizes Inheritance Adoptions to obtain a copy of any Home Studies and Home Study Updates on either or both of us and we release the sending agency from any liability for releasing the Study to Inheritance Adoptions.

THE UNDERSIGNED acknowledges Inheritance Adoptions is obligated to maintain records required by the Department of Family and Protective Services Child Care Licensing standards. Further, these records are created and maintained by licensed social workers through their professional practice; as such, they are commonly requested by and forwarded to any Child Placement Agency the couple may work with in the future.

THE UNDERSIGNED further agrees not to hold Inheritance Adoptions or its representatives liable for either approving or not approving us for adoption services. We agree to honor all policies of Inheritance Adoptions, including fee, reimbursement, and birth parent policies. We further acknowledge it is our responsibility to understand all such policies and will ask questions as needed to do so.

APPLICANTS:

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Printed Name, Husband

Signature, Husband

Date

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Printed Name, Wife

Signature, Wife

Date

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Printed Name, Witness

Signature, Witness

Date

