

APPLICATION (Outside of FL, MA, RI & SC)

Please return this application with a nonrefundable fee of \$225 and two recent photos of applicant(s) to: The Alliance for Children, 55 William Street, Suite G-10, Wellesley, Massachusetts 02481. Within two weeks of receipt of your application, you will receive your dossier packet.

Attach two recent photographs of yourself/ves and children (if any). Indicate your full legal name.

Applicant: _____
(Last) (First) (Middle)

Spouse (if married): _____
(Last) (First) (Middle / Maiden)

Address: _____
(No. / Street) (Town / City) (County) (State) (Zip)

Contact Info: (____) _____ (____) _____ (____) _____
Home # Business / Applicant Business / Spouse

_____ (____) _____
E-Mail Address Fax #

Children in Your Home

Name	Date of Birth:	Country of Birth	Date of Adoption (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Persons in Your Home:

Name	Date of Birth	Relationship:
_____	_____	_____
_____	_____	_____

Housing:

Type (House, apartment, condominium) _____

Style _____ # of Rooms _____ # of Bedrooms _____

MALE APPLICANT

Date of Birth _____

Place of Birth _____

Height / Weight _____

Hair / Eyes _____

Names of Parents (Indicate if Deceased)
 (Mother) _____ (Father) _____

Date/Place of Marriage _____

Date/Place Previous Marriage _____
 (Termination Date) _____

Citizenship _____

Descent _____

Religion (Optional) _____

Social Security # _____

Passport # _____

High School Name _____
 (Graduation) _____

College Name _____
 (Graduation/Degree) _____

Other Education (School/s, degree/s, date/s)

Occupation _____

Annual Salary _____

Employer _____

Address of Employer _____

Date Employed _____

Previous Employment (Names and Dates)
 1) _____
 2) _____
 3) _____

FEMALE APPLICANT

Date of Birth _____

Place of Birth _____

Height / Weight _____

Hair / Eyes _____

Names of Parents (Indicate if Deceased)
 (Mother) _____ (Father) _____

Date/Place of Marriage _____

Date/Place Previous Marriage _____
 (Termination Date) _____

Citizenship _____

Descent _____

Religion (Optional) _____

Social Security # _____

Passport # _____

High School Name _____
 (Graduation) _____

College Name _____
 (Graduation/Degree) _____

Other Education (School/s, degree/s, date/s)

Occupation _____

Annual Salary _____

Employer _____

Address of Employer _____

Date Employed _____

Previous Employment (Names and Dates)
 1) _____
 2) _____
 3) _____

Other Income (Savings, investments, etc.)

Savings _____

Debts over \$1,000 _____

Investments _____

Mortgage / Rent Payments _____

Value of Home _____

Remaining Mortgage _____

Health Insurance Co. _____

Health Insurance Co. _____

Amount of Life Insurance _____

Amount of Life Insurance _____

Do you have a will? Yes No

Do you have a will? Yes No

Have you ever been arrested? Yes No

Have you ever been arrested? Yes No

Have you ever received treatment/
been hospitalized for a mental condition?
 Yes No

Have you ever received treatment/
been hospitalized for a mental condition?
 Yes No

Have you ever been charged
with Child Abuse? Yes No

Have you ever been charged
with Child Abuse? Yes No

Do you have a history of substance
/ alcohol abuse? Yes No

Do you have a history of substance
/ alcohol abuse? Yes No

References:

Name

Address

Phone Number

Friend _____

Friend _____

Friend _____

Have you ever applied to adopt a child before? Yes* No

*If Yes, but you did not adopt, briefly explain reason/s below:

Name of Agency

Address

Phone Number

