

Adopt!inc.
135 Lackawanna Road
Lexington, KY 40503

Phone: 859-276-6249
Fax: 859-276-5570
Web Site: www.adoptinc.org
E-Mail: adopt@adoptinc.org

APPLICATION

Adoptive Mother: _____
(Last Name) (First) (Middle) (Social Security #)

Adoptive Father: _____
(Last Name) (First) (Middle) (Social Security #)

Address: _____
(Street or P.O. Box) (City)

(County) (State) (Zip)

How long have you lived at the above address? _____

Directions to your home (from Lexington) _____

Previous Address: _____

Home Phone: _____ Fax: _____

Adoptive Mother Info: Work Telephone _____ E-mail: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Length of Employment: _____ Annual Income: _____ Date of Birth: _____

Race: _____ Religion: _____ Education: High Sch. Yes/No Name of College _____

Actual Degree(s) received: _____

Adoptive Father Info: Work Telephone _____ E-mail: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Length of Employment: _____ Annual Income: _____ Date of Birth: _____

Race: _____ Religion: _____ Education: High Sch. Yes/No Name of College _____

Actual Degree(s) received: _____

Name and age of others living in the home: _____

Date of Marriage: _____ Have either of you been previously married? _____

If so, list which spouse and divorce date: _____

List name and age of any children by previous marriages: _____

Have either of you ever been fined or convicted for violation of any law or are you currently under charges for any violation? Yes/No Are either of you currently involved in a civil suit or are currently paying a judgment rendered in a civil action? Yes/No If yes to either question, please explain on the back side of this application.

How did you learn about Adopt!inc.? Friend ___ Yellow Pages ___ Internet ___ Newspaper ___ Other _____

The above data is true and complete to the best of my (our) knowledge and belief. I (we) am (are) aware that falsification of information or misrepresentation of facts will result in rejection of my (our) application.

Adoptive Mother _____ **Date** _____ **Adoptive Father** _____ **Date** _____

The \$50 application fee must accompany the completed Application form.

Date Application received by agency _____ Application fee received _____