



2001 Biscayne Boulevard, #2111 • Miami Florida 33137
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Application For Adoption

Please complete the following information as completely and accurately as possible. If you need assistance, please call (305) 576-8288. All information that you disclose in this application is strictly confidential. If mailing it, please print clearly. Our application fee is \$250.

SECTION I: APPLICANT(S) INFORMATION

Applicant Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	
Spouse Last Name <input type="text"/>	Spouse First Name <input type="text"/>	MI <input type="text"/>	
Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>
Home Phone <input type="text"/>	Applicant Work Phone <input type="text"/>	Applicant Alternate Phone <input type="text"/>	Applicant Fax <input type="text"/>
	Spouse Work Phone <input type="text"/>	Spouse Alternate Phone <input type="text"/>	
Applicant Email <input type="text"/>	Spouse Email <input type="text"/>		
Emergency Contact Name <input type="text"/>	Emergency Contact Phone <input type="text"/>		

SECTION II: Applicant BACKGROUND INFORMATION

Date of Birth
 ,

Social Security No.

Citizenship

Place of Birth

Race

Employer Name

Employer Address

Annual Salary

Length of Employment

Health Coverage

Years Married: years

Prior Marriage? No Yes

Number of Previous Marriages:

Have you ever been convicted of a crime (misdemeanor or felony)? No Yes

If yes please explain below :

Are there any past incidents of your being reported for physical abuse? No Yes

If so, please explain below:

Are there any past incidents of drug or alcohol abuse? No Yes

If so, please explain below:

SECTION III: SPOUSE BACKGROUND INFORMATION [IF APPLICABLE]

Date of Birth

 / /

Social Security No

Citizenship

Place of Birth

Race

Employer Name

Employer Address

Annual Salary

Length of Employment

Health Coverage

Years Married: years

Prior Marriage? No Yes

Number of Previous Marriages:

Have you ever been convicted of a crime (misdemeanor or felony)? No Yes
(If yes please explain below) :

Are there any past incidents of your being reported for physical abuse? No Yes
If so, please explain below:

Are there any past incidents of drug or alcohol abuse? No Yes
If so, please explain below:

SECTION IV: OTHER CHILDREN LIVING IN YOUR HOME (IF APPLICABLE)

Child 1 Name <input type="text"/>	Relationship <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> , <input type="text"/>
Child 2 Name <input type="text"/>	Relationship <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> , <input type="text"/>
Child 3 Name <input type="text"/>	Relationship <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> , <input type="text"/>
Child 4 Name <input type="text"/>	Relationship <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> , <input type="text"/>
Child 5 Name <input type="text"/>	Relationship <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> , <input type="text"/>
Child 6 Name <input type="text"/>	Relationship <input type="text"/>	Date of Birth <input type="text"/> <input type="text"/> , <input type="text"/>

Section V: Preferences

Race of Child:

African American

Caucasian

Hispanic

Bi-Racial (Combination of African American and other races)

Special needs:

(Sophia, I just typed these in but you need to set up yes, no boxes with a box for "additional comments" like up above where we ask to explain criminal background)

SECTION VI: PROCESS INFORMATION

Have you ever applied with another agency? No Yes (please specify below)

Agency Name	Street Address	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you begun your home study? No Yes (please specify below)

Agency Name	Social Worker	Street Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Zip	Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What are your reasons for choosing adoption?

If you are mailing or faxing this form, please certify by completing the entries below. If you are submitting this form online, please enter name(s) in the "Printed Name" sections only

I/We represent that all information in this application is true, accurate, and complete, and is given to AdoptInternational for entry to its international adoption program.

Petitioner's Signature	Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's Signature	Spouse's Printed Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please submit your signed and completed application along with our application fee of \$250 selecting an option below. (Online and faxed submissions must be followed with our application mailed separately.) If you need assistance, please call us at (305) 576-8288.

Submit by mail:

Adopt America
2001 Biscayne Boulevard, #2111,
Miami Florida 33137

Submit By Fax:

(305) 433-7817

Submit Online

[Submit Application](#)