ADOPTIVE MOTHER'S PRELIMINARY APPLICATION

Date:							
Full Name:							
Address:							
Home Phone: Work Phone:							
Employer: Job Title:	Job Title:						
Address:							
Position: How Long:							
Annual Income: How long have you resided in Florida?							
Birth Date: Age: Place of Birth:							
Social Security #: U.S. Citizen? Yes No Resident:							
ace: Ancestry:							
Hair: Eyes: Height: Weight: Complexion:							
Hobbies / Interests:							
Religion:							
If husband is of different religion, what religion will the child be raised?							
Date and place of Marriage: Attach Marriage certificate							
EDUCATION:							
High School:							
Date Graduated:							
College:							
Date Graduated:							
Degree: Major:							

ADOPTIVE MOTHER'S PRELIMINARY APPLICATION (Pg. 2)

PRIOR MARRIAGES				
Name of Spouse:				
How Terminated:				
Terminated when/where:				
# of Children Where, and when with whom	do they reside:			
Do you pay child support? If yes, ho				
If there are other marriages, list on separate sheet	, , , , , , , , , , , , , , , , , , ,			
Attach all divorce decrees				
- Attach un alvorce decrees				
CHILDREN OF THIS MARRIAGE				
Name:	D.O.B	Adopted:	Biological:	
Name:	D.O.B	Adopted:	Biological:	
Name:	D.O.B	Adopted:	Biological:	
If Adopted, when and where:		Private:	Agency:	
Attorney:				
FINANCIAL SUMMARY:				
Savings: \$	Other securities or investments: \$			
Real Estate market value: \$	Equity in Home: \$			
Mtg. Payments per month: \$	Mortgage Balance: \$			
If renting, amount of rental payments per month: \$	Equity: \$			
Other real Estate market value: \$	Rental Income: \$			
Other income: \$	Life Insurance (husband): \$			
Life Insurance (wife): \$	Business Equity: \$			

ADOPTIVE MOTHER'S PRELIMINARY APPLICATION (Pg. 3)

Been in bankruptcy:
I so, when and where:
Been in mental hospital:
If so, dates and reason:
Have you ever had psychotherapy? If yes, Date(s):
Reason(s):
Are you currently receiving treatment? If yes, for how much longer?
Have you ever been arrested? If yes, Date(s):
Reason for arrest(s):
Outcome:
Have you ever received other than an honorable discharge from the military?
If so, what kind of discharge and reason:
Have you ever placed a child for adoption:
Reason for the placement:
Filed for divorce, separation or annulment this marriage:
Benn denied custody by a court: If yes, explain:
Been past due on any child support:
Been turned down by an adoption agency; I so name of agency, date and reason:
Benn subject of an abuse investigation If so, explain and state outcome:
Comments or remarks on the abuse investigations; please specify area you are referring to, and if necessary, attach additional sheets of paper:

ADOPTIVE MOTHER'S PRELIMINARY APPLICATION (Pg. 4)

If you are specifying the sex of the child:	Boy:	Girl:	_					
Would you be willing to adopt an older child? If so, what age group								
Nould you be willing to adopt a: African – American / Bi-Racial child								
	Hispanio	C Child						
	Other	Please specify:						
Any other comments or remarks or additional information regarding your desires to adopt a child:								
How were you referred to Adoption Miracl	les, LLC							
Email Address:								
I have attached photograph(s)) of my family							
I have attached a copy of my r	marriage certificate							
I have attached a copy of any	/ all divorce decrees	5						

• Please staple all documents together and write name(s) on reverse of any photographs. We cannot guarantee the return of any photographs, but if requested we will attempt to do so at the conclusion of adoption proceedings.