

# ADOPTION COUNSELING SERVICES, INC.

2185 Wickersham Lane  
Germantown, TN 38139  
(901) 753-9089

## APPLICATION FOR ADOPTION

NAME: \_\_\_\_\_  
Last First Middle

NAME: \_\_\_\_\_  
Maiden First Middle

ADDRESS: \_\_\_\_\_  
House Number & Street City County State Zip

TELEPHONE NUMBER: \_\_\_\_\_  
Home # Husband's Wk # Wife's Wk#

DIRECTIONS TO HOUSE FROM MAJOR STREET: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ETHNIC BACKGROUND: \_\_\_\_\_

ETHNIC BACKGROUND: \_\_\_\_\_

CHURCH AFFILIATION: \_\_\_\_\_

CHURCH AFFILIATION: \_\_\_\_\_

PHYSICAL DESCRIPTION: \_\_\_\_\_  
Hair/Eyes

PHYSICAL DESCRIPTION: \_\_\_\_\_  
Hair/Eyes

Complexion Height Weight

Complexion Height Weight

EDUCATION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

Elementary

Elementary

High School

High School

Other (describe)

Other (describe)

OCCUPATION: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

Present Employer/Company

Present Employer/company

Husband's Employer's Complete Address (including zip)

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Wife's Employer's Complete Address (including zip)

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LENGTH OF EMPLOYMENT: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

ANNUAL SALARY: \_\_\_\_\_

ANNUAL SALARY: \_\_\_\_\_

PREVIOUS OCCUPATION (HUSBAND): \_\_\_\_\_

PREVIOUS OCCUPATION (WIFE): \_\_\_\_\_

OTHER PERSONS OR CHILDREN LIVING IN YOUR HOUSEHOLD

NAME	AGE	OCCUPATION	RELATIONSHIP
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DATE OF MARRIAGE: \_\_\_\_\_ PLACE OF MARRIAGE: \_\_\_\_\_

CEREMONY PERFORMED BY: \_\_\_\_\_

HUSBAND'S RELATIVES  
(Father, Mother, Brothers, & Sisters())

FATHER'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
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MOTHER'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
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TOTAL NUMBER OF CHILDREN: \_\_\_\_\_

CHILDREN'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
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WIFE'S RELATIVES  
(Father, Mother, Brothers, & Sisters)

FATHER'S NAME                      AGE                      ADDRESS/ZIP                      OCCUPATION

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MOTHER'S NAME                      AGE                      ADDRESS/ZIP                      OCCUPATION

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TOTAL NUMBER OF CHILDREN: \_\_\_\_\_

CHILDREN'S NAME                      AGE                      ADDRESS/ZIP                      OCCUPATION

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NAMES AND ADDRESSES OF THREE PERSONS AS REFERENCES  
(Relatives' names should not be given and reference letters will be sent to employers and grandparents)

I GIVE ADOPTION COUNSELING SERVICES INC. PERMISSION TO CONTACT THE FOLLOWING REFERENCES:

NAME/TITLE

COMPLETE ADDRESS

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SIGNATURES:

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DATE:

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