



Mississippi Office (Main)  
 PO Box 7055, Tupelo, MS 38802  
 2164 Southridge Drive, Tupelo, MS 38801  
 Phone: 662-842-6752; Fax: 662-840-7176

Tennessee Office  
 745 South Church Street, Suite 129  
 Murfreesboro, TN 37130  
 Phone: 615-378-7099; Fax: 615-893-9429

Family Name: \_\_\_\_\_, \_\_\_\_\_ & \_\_\_\_\_  
Last Name Adoptive Father Adoptive Mother

Domestic Adoption Application  
 International Adoption Application  
 Country \_\_\_\_\_

Domestic Home Study  
 International Home Study  
 Country \_\_\_\_\_

*International Applications Only: Contact your local UPS or FED EX office to obtain a personal account number.*

UPS #: \_\_\_\_\_ FED EX #: \_\_\_\_\_

How did you hear about us?  Friend  Adoptive Family  Web Site  1-800 Home Study  Google  
 Information Meeting Other: \_\_\_\_\_

The reason you selected New Beginnings as your adoption/home study agency? \_\_\_\_\_

Is this your first home study?  Yes  No If no, list the name of the agency or individual who conducted any and all prior home studies: \_\_\_\_\_

Is this your first adoption?  Yes  No If no, list the name of agency or attorney who handled the adoption/s: \_\_\_\_\_

## DUTY OF CANDOR

You, your spouse, and any adult member of your household, have a duty of candor in completing the home study process. This duty requires you, your spouse, and any adult member of your household to give true and complete information to the home study preparer, disclose other relevant information, such as physical, mental or emotional health problems, disclose any arrest, conviction, or other adverse criminal history, whether in the United States or abroad, even if the record of the arrest, conviction or other adverse criminal history has been expunged, sealed, pardoned, or the subject of any other amelioration, disclose any history of substance abuse, sexual abuse or child abuse, and/or family violence as a victim or offender; and to notify the home study preparer of any new event or information that might warrant submission of an amended or updated home study.

With respect to child abuse or neglect, this duty of disclosure requires the disclosure of any currently pending investigation by any child welfare agency, court, or other official authority in any State or foreign country concerning the abuse or neglect of any child, as well as any past investigation, other than an investigation that has been completed and formally closed, based on a finding that the allegation of abuse or neglect was unfounded or unsubstantiated. This duty of disclosure is an ongoing duty.

Example of a need to disclose: *You were arrested for a DUI in college and it was expunged from your record. This will need to be disclosed on the application and to your home study social worker.*

New Beginnings Office Use Only: President or Designee Review

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL INFORMATION

### ADOPTIVE FATHER

\_\_\_\_\_  
Last Name                      First                      Middle  
*\* Note: International Families - your name on your home study must match the name on your passport.*

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_  
Location of Birth: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_  
Social Security #: \_\_\_\_\_  
Birth Certificate #: \_\_\_\_\_ State Issued: \_\_\_\_  
Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Complexion: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ BMI: \_\_\_\_  
List all States &/or Countries lived in since the age of 18:  
\_\_\_\_\_

### ADOPTIVE MOTHER

\_\_\_\_\_  
Last Name                      First                      Middle

\_\_\_\_\_  
Maiden Name

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_  
Location of Birth: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_  
Social Security #: \_\_\_\_\_  
Birth Certificate #: \_\_\_\_\_ State Issued: \_\_\_\_  
Passport #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Complexion: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ BMI: \_\_\_\_  
List all States &/or Countries lived in since the age of 18:  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Street Address (if different than mailing address):  
\_\_\_\_\_

### Contract Home Study Applicants (for applicants requesting contract home study services only):

Adoption Agency Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Out of State Adoption Applicants (for applicants residing outside of New Beginning's licensed states of Mississippi or Tennessee):

Home Study Provider Agency Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## EDUCATION

### ADOPTIVE FATHER

Name & Location of High School:

\_\_\_\_\_

Year Graduated: \_\_\_\_\_

Name & Location of College:

\_\_\_\_\_

Year Graduated: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Name & Location of College:

\_\_\_\_\_

Year Graduated: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Name & Location of Graduate School:

\_\_\_\_\_

Year Graduated: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

### ADOPTIVE MOTHER

Name & Location of High School:

\_\_\_\_\_

Year Graduated: \_\_\_\_\_

Name & Location of College:

\_\_\_\_\_

Year Graduated: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Name & Location of College:

\_\_\_\_\_

Year Graduated: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Name & Location of Graduate School:

\_\_\_\_\_

Year Graduated: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

## EMPLOYMENT

### ADOPTIVE FATHER

Occupation/Title:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

### ADOPTIVE MOTHER

Occupation/Title:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

## INFORMATION REGARDING IMMEDIATE RELATIVES

### CHILDREN:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Adopted:  Yes  No If yes, provide the date of adoption \_\_\_\_\_

Location of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_

Birth Certificate #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Adopted:  Yes  No If yes, provide the date of adoption \_\_\_\_\_  
Location of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_  
Birth Certificate #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Adopted:  Yes  No If yes, provide the date of adoption \_\_\_\_\_  
Location of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_  
Birth Certificate #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Adopted:  Yes  No If yes, provide the date of adoption \_\_\_\_\_  
Location of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_  
Birth Certificate #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
Adopted:  Yes  No If yes, provide the date of adoption \_\_\_\_\_  
Location of Birth: \_\_\_\_\_ School Grade: \_\_\_\_\_  
Birth Certificate #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_

If any of the children listed no longer live in your home, provide the following information for those children.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation/Title and/or College Attending: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation/Title and/or College Attending: \_\_\_\_\_

Others that reside in your home:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Education Level: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_  
List all States &/or Countries lived in since the age of 18: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Education Level: \_\_\_\_\_ Occupation/Title: \_\_\_\_\_  
List all States &/or Countries lived in since the age of 18: \_\_\_\_\_

**ADOPTIVE FATHER'S PARENTS**

**FATHER**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

If deceased, please give date and cause of death: \_\_\_\_\_

**MOTHER**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

If deceased, please give date and cause of death: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**ADOPTIVE MOTHER'S PARENTS**

**FATHER**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

If deceased, please give date and cause of death: \_\_\_\_\_

**MOTHER**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

If deceased, please give date and cause of death: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**STEPFATHER**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

If deceased, please give date and cause of death: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**STEPMOTHER**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

If deceased, please give date and cause of death: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**STEPFATHER**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

If deceased, please give date and cause of death: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

**STEPMOTHER**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

If deceased, please give date and cause of death: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Brief description of your parents' marital status/history, including any divorces (date and name of ex-spouse).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADOPTIVE FATHER'S SIBLINGS**

What birth order are you within your family? \_\_\_\_\_

BROTHERS & SISTERS, in chronological order of birth

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Birth Date M or F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Birth Date M or F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Birth Date M or F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Birth Date M or F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADOPTIVE MOTHER'S SIBLINGS**

What birth order are you within your family? \_\_\_\_\_

BROTHERS & SISTERS, in chronological order of birth

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Birth Date M or F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Birth Date M or F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Birth Date M or F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Children's Names: \_\_\_\_\_ Birth Date M or F

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MARRIAGE

Date of Marriage: \_\_\_\_\_ Location: \_\_\_\_\_

Marriage Certificate # and State Issued: \_\_\_\_\_

Separation:  Yes  No Circumstances: \_\_\_\_\_

### ADOPTIVE FATHER

First Marriage:  Yes  No

Have You Ever Had an Annulment?  Yes  No

Have You Ever Been Divorced?  Yes  No

If yes, how many divorces? \_\_\_\_\_ Date/s of Divorce: \_\_\_\_\_

Location of Divorce: \_\_\_\_\_

Children from this marriage:  Yes  No

Name of Children and Their Birth Dates:

\_\_\_\_\_  
\_\_\_\_\_

### ADOPTIVE MOTHER

First Marriage:  Yes  No

Have You Ever Had an Annulment?  Yes  No

Have You Ever Been Divorced?  Yes  No

If yes, how many divorces? \_\_\_\_\_ Date/s of Divorce: \_\_\_\_\_

Location of Divorce: \_\_\_\_\_

Children from this marriage:  Yes  No

Name of Children and Their Birth Dates:

\_\_\_\_\_  
\_\_\_\_\_

## HOME

Own:  Yes  No Date purchased: \_\_\_\_\_ or Rent:  Yes  No Monthly Rent: \$ \_\_\_\_\_

Age of Home: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Lot Size: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_

# Bathrooms: \_\_\_\_\_ # of Stories: \_\_\_\_\_ Garage/Carport \_\_\_\_\_ # Smoke Alarms: \_\_\_\_\_

Carbon Monoxide Detector: \_\_\_\_\_ Fire Extinguishers: \_\_\_\_\_ Fenced Backyard: \_\_\_\_\_ Out Buildings \_\_\_\_\_

Utilities/Water Supplied By: \_\_\_\_\_ Well Water:  Yes  No

Value of home as judged by current market: \$ \_\_\_\_\_

Monthly Payment (including taxes, insurance, etc): \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

Equity: \$ \_\_\_\_\_ Mortgage Holder: \_\_\_\_\_

## FINANCES

### ADOPTIVE FATHER

Yearly Gross Salary: \$ \_\_\_\_\_

Other Sources of Income/Amount: \_\_\_\_\_

\_\_\_\_\_

### ADOPTIVE MOTHER

Yearly Gross Salary: \$ \_\_\_\_\_

Other Sources of Income/Amount: \_\_\_\_\_

\_\_\_\_\_

Families Total Gross Income: \$ \_\_\_\_\_ Total Net Income: \$ \_\_\_\_\_

# NET WORTH STATEMENT

ASSETS	
Checking Account	\$ _____
Savings Account	\$ _____
Stocks	\$ _____
Certificates of Deposits	\$ _____
Annuities	\$ _____
401(k) Account #1	\$ _____
401(k) Account #2	\$ _____
401(k) Account #3	\$ _____
Market Value of Home	\$ _____
Blue Book Value of Vehicles	
Make _____	
Model _____ Year _____	\$ _____
Make _____	
Model _____ Year _____	\$ _____
Make _____	
Model _____ Year _____	\$ _____
Make _____	
Model _____ Year _____	\$ _____
Personal Property (furniture, jewelry, or other valuables)	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>

AVERAGE MONTHLY EXPENDITURES	
Home Mortgage	\$ _____
Household (all utilities/phones/maintenance)	\$ _____
Auto Loans	\$ _____
Automobile (maintenance/gas)	\$ _____
Insurance (all premiums)	\$ _____
Tithes/Charitable Contributions	\$ _____
Credit Card/Loan Payments	\$ _____
Food	\$ _____
Healthcare (out of pocket)	\$ _____
Leisure	\$ _____
Child Care	\$ _____
Clothing	\$ _____
Personal Care	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXPENDITURES</b>	<b>\$ _____</b>

LIABILITIES	
Mortgage	\$ _____
Vehicle Loans	\$ _____
Credit Cards	\$ _____
Home Equity Loan	\$ _____
Student Loans	\$ _____
Medical	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
<b>NET WORTH AS OF</b>	
<b>DATE: _____</b>	<b>\$ _____</b>

AVERAGE NET MONTHLY INCOME	
Adoptive Father	\$ _____
Adoptive Mother	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>NET MONTHLY INCOME</b>	<b>\$ _____</b>
Minus	
Total Monthly Expenditures	\$ _____
<b>Equals</b>	
Available Monthly Surplus	\$ _____



## INSURANCE

Homeowner's Insurance:  Yes  No

Name of Company: \_\_\_\_\_

### ADOPTIVE FATHER

Life Insurance:  Yes  No Value: \$\_\_\_\_\_

Provider: \_\_\_\_\_

Disability Insurance:  Yes  No

Provider: \_\_\_\_\_

Health Insurance:  Yes  No

Provider: \_\_\_\_\_

### ADOPTIVE MOTHER

Life Insurance:  Yes  No Value: \$\_\_\_\_\_

Provider: \_\_\_\_\_

Disability Insurance:  Yes  No

Provider: \_\_\_\_\_

Health Insurance:  Yes  No

Provider: \_\_\_\_\_

Health insurance provider for your children (if applicable): \_\_\_\_\_

Will your health insurance cover an adopted child? \_\_\_\_\_

When will coverage begin for an adopted child? \_\_\_\_\_

List all other insurance and providers:

\_\_\_\_\_  
\_\_\_\_\_

## HEALTH

### ADOPTIVE FATHER

Health Status: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Currently under a Physician's care?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any Serious or Prolonged Illnesses or Operations?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all Prescription Medications and Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ADOPTIVE MOTHER

Health Status: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Currently under a Physician's care?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any Serious or Prolonged Illnesses or Operations?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List all Prescription Medications and Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received treatment for or have reason to suspect any of the following:

- HIV/AIDS                      Date of Treatment \_\_\_\_\_
- Heart Disease                      Date of Treatment \_\_\_\_\_
- Alcoholism                      Date of Treatment \_\_\_\_\_
- Drug Addiction                      Date of Treatment \_\_\_\_\_
- Mental Disorder                      Date of Treatment \_\_\_\_\_
- Cancer                      Date of Treatment \_\_\_\_\_
- No treatment for any disorder/disease listed above

Please give a detailed description of any history of nervous, mental, or emotional disorder, on a separate sheet.

# Days Missed from Work/Past 12 months due to Illness: \_\_\_\_\_

Do you consume alcoholic beverages:  Yes  No  
 If yes, specify the type of alcohol: \_\_\_\_\_  
 Frequency: \_\_\_\_\_ Quantity: \_\_\_\_\_  
 The occasions you drink: \_\_\_\_\_  
*Example: wine, daily, 1 glass, at dinner*

Tobacco Product: Type(s) \_\_\_\_\_  
 Frequency:  Never  Occasionally  Often  Daily  
 Smoker Quantity/Daily: # of packs: \_\_\_\_\_  
 Chewing or Dipping Quantity/Daily: \_\_\_\_\_

If you have used tobacco products in the past, but are currently tobacco free, how long have you been tobacco free? \_\_\_\_\_

Have you ever received treatment for or have reason to suspect any of the following:

- HIV/AIDS                      Date of Treatment \_\_\_\_\_
- Heart Disease                      Date of Treatment \_\_\_\_\_
- Alcoholism                      Date of Treatment \_\_\_\_\_
- Drug Addiction                      Date of Treatment \_\_\_\_\_
- Mental Disorder                      Date of Treatment \_\_\_\_\_
- Cancer                      Date of Treatment \_\_\_\_\_
- No treatment for any disorder/disease listed above

Please give a detailed description of any history of nervous, mental, or emotional disorder, on a separate sheet.

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Do you consume alcoholic beverages:  Yes  No  
 If yes, specify the type of alcohol: \_\_\_\_\_  
 Frequency: \_\_\_\_\_ Quantity: \_\_\_\_\_  
 The occasions you drink: \_\_\_\_\_  
*Example: wine, daily, 1 glass, at dinner*

Tobacco Product: Type(s) \_\_\_\_\_  
 Frequency:  Never  Occasionally  Often  Daily  
 Smoker Quantity/Daily: # of packs: \_\_\_\_\_  
 Chewing or Dipping Quantity/Daily: \_\_\_\_\_

If you have used tobacco products in the past, but are currently tobacco free, how long have you been tobacco free? \_\_\_\_\_

## GUARDIANSHIP

**Guardianship Statement: In the event of your untimely death, who have you designated to parent your children?**

(Please take into consideration the age difference between your guardian and your children. It is best not to have an age difference of more than 45 to 50 years.)

Name of Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Guardian Father's Cell: \_\_\_\_\_ Guardian Father's Employer: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Guardian Mother's Cell: \_\_\_\_\_ Guardian Mother's Employer: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_ Occupation/Title: \_\_\_\_\_

Name, birth date, and gender of their children:

\_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

## GENERAL INFORMATION

### ADOPTIVE FATHER

Have you ever been arrested, cited, charged, indicted, convicted, imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant, in the U.S. or aboard, even if the record has been expunged, sealed, pardoned, or the subject of any other amelioration?

Yes  No If yes, list the date and nature of each:

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### ADOPTIVE MOTHER

Have you ever been arrested, cited, charged, indicted, convicted, imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant, in the U.S. or aboard, even if the record has been expunged, sealed, pardoned, or the subject of any other amelioration?

Yes  No If yes, list the date and nature of each:

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Do you have pets?  Yes  No

Are all your pet's current on their vaccinations?  Yes  No

Type of Pet

Breed (if a dog)

Indoor or Outdoor Pet

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## FERTILITY

Adopting due to infertility?  Yes  No If yes, please explain briefly:

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## VIEWS REGARDING ADOPTION

Why do you wish to adopt?

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Why do you wish to adopt domestically or internationally?

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Do you have a preference as to sex, nationality, or physical characteristics?

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Would you consider a child of another race or ethnic group? Please be specific.

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Would you consider a physically or mentally challenged child?

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Would you consider twins or a sibling group? Describe situations you are willing to consider.

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How have you prepared yourself, and how do you plan to continue preparing yourself, for adoption?

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Preferences regarding the age range of the child. Be specific:

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DOMESTIC ONLY: Describe the degree of openness you are comfortable with in relation to meeting, talking with and possible long term face-to-face visits with the birthmother (please discuss this with your social worker, as it may affect your waiting time).

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I certify that the information provided herein is true and complete, to the best of my knowledge.

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Adoptive Father's Signature

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Date

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Adoptive Mother's Signature

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Date

## STATEMENT OF CHRISTIAN FAITH

The Statement of Christian Faith is required for all families applying to a New Beginnings domestic or international program.

Name of Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you both attend church regularly? If no, please explain.

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Do you have regular family devotions?  Yes  No

Name of Pastor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If you are a pastor, please list your ministerial supervisor as your pastor's reference.)

### ADOPTIVE FATHER

Describe involvement in church activities: \_\_\_\_\_

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Positions held within the church: \_\_\_\_\_

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### ADOPTIVE MOTHER

Describe involvement in church activities: \_\_\_\_\_

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Positions held within the church: \_\_\_\_\_

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## NBICFS POLICY STANDARD OF CHRISTIAN COMMITMENT

New Beginnings International Children's and Family Services was founded by and is supported entirely by Christian believers. While we respect those of various faiths and their right to practice those faiths, we believe that it is in the best interest of non-Christians to seek adoptive services from an agency of like faith so their adoptive process will proceed rapidly. We encourage adoption and are readily available to assist in identifying appropriate agencies for such individuals.

Birth mothers in the domestic adoption program are involved in selecting the adoptive couples and are given information pertaining to faith issues in adoptive parent profiles. Because NBICFS birth mothers specifically request profiles from those of various Christian faiths, NBICFS will not accept applicants for the domestic program from non-Christians. Accepting non-Christian applicants would be unethical because their wait would be very long. Furthermore, because NBICFS presents itself as a Christian agency to international countries where children are to be adopted from, all applicants who adopt internationally must be of the Christian faith.

**PROSPECTIVE ADOPTIVE APPLICANTS SHOULD SIGN BELOW TO ACKNOWLEDGE THEIR FULL AGREEMENT WITH AND ADHERENCE TO THE FOLLOWING STATEMENTS OF FAITH.**

We believe in one living and true God who exemplifies himself as Father, Son, and Holy Spirit. He is the Creator, Redeemer, Preserver and Ruler of the Universe, infinite in holiness, all powerful, and all knowing.

We believe that Jesus Christ is the only begotten Son of God, conceived by the Holy Spirit, born of the Virgin Mary, and is true God and true man.

We believe that the Holy Spirit is the seal of the believer. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.

We believe that the Bible was written by men, divinely inspired by God, and contains the complete Word of God, without error, and that it contains all truth necessary to faith, salvation, and Christian living.

We believe that all mankind is born in sin and is lost, and that the substitutionary death and bodily resurrection of Jesus Christ provide the only ground for salvation.

We believe that believers are to be sanctified wholly by grace through faith in Jesus Christ, through His shed blood, and that there is no salvation apart from faith in Jesus Christ.

We believe that Jesus Christ will return at any time, that the dead will be raised, and that final judgment of all mankind will take place.

We believe in the Church as the spiritual unity of believers in Jesus Christ, the Body of Christ, which includes all of the redeemed of all the ages, believers from every tribe, and tongue, and people and nation.

We believe it is the duty and privilege of every follower of Christ to endeavor to make disciples of all nations by our pure and godly conversation.

We believe in the sanctity of human life. We believe that all mankind was created in the image of God and therefore is of inestimable worth and significance in all its dimensions from conception to the grave.

We believe that God created all things for His glory, and that all believers' time, talent, and treasure are His.

We believe marriage is the uniting of one man and one woman in covenant commitment for a lifetime and that the family is the foundational unit of human society ordained by God.

We believe that every child in the world deserves a permanent family, and that the Christian family offers the best opportunity for every child to know and experience a saving faith in Jesus Christ.

*\*Standards may be modified only in cases when NBICFS provides only home study services on a contract basis for another agency with different requirements pertaining to faith.*

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Adoptive Father's Signature

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Date

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Adoptive Mother's Signature

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Date

## REFERENCES

List six personal references, including one from an employer that we may contact. No more than one family member may be used as a personal reference. Please ensure that all contact information is completed in its entirety and is correct. The references will be send by email when possible. All international reference forms must be notarized.

China Adoptions: China requires a teacher's reference if you have school age children in the home and a reference from an adult child if applicable.

Adoptive Family Name: \_\_\_\_\_

Name - Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_