



Mississippi Office (Main)
P.O. 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 FedEx office to obtain a personal account number.

UPS #: _____ FedEx #: _____

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 Beginnings' 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: _____

STEP-FATHER

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation/Title: _____

If deceased, please give date and cause of death: _____

Date of Marriage: _____

STEP-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: _____

STEP-FATHER

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation/Title: _____

If deceased, please give date and cause of death: _____

Date of Marriage: _____

STEP-MOTHER

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: _____

Family's Total Gross Income: \$ _____ Total Net Income: \$ _____

FINANCIAL 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)	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL ASSETS	\$ _____

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	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENDITURES	\$ _____

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

AVERAGE NET MONTHLY INCOME	
Adoptive Father	\$ _____
Adoptive Mother	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
NET MONTHLY INCOME	\$ _____
Minus	
Total Monthly Expenditures	\$ _____
Equals	
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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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: _____

CRIMINAL, ABUSE, AND HOME STUDY HISTORY

Answer the following questions, regardless of whether each incident occurred abroad or in the U.S., as a victim or perpetrator, and whether there was an arrest and/or conviction. One incident of abuse or violence is sufficient to constitute a history. Offer explanations for any “yes” answers below, except for #9. For this particular question, offer an explanation for a “no” answer.

ADOPTIVE FATHER

1. Do you have any history of alcoholism?
 Yes No
2. Do you have any history of drug addiction?
 Yes No
3. Do you have any history of substance abuse?
 Yes No
4. Do you have any history of drug/alcohol treatment?
 Yes No
5. Do you have any history of domestic violence?
 Yes No
6. Do you have any history of sexual abuse?
 Yes No
7. Do you have any history of child abuse or neglect?
 Yes No
8. Have you ever been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violates, 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 abroad, even if the record has been expunged, sealed, pardoned or the subject of any other amelioration?
 Yes No
9. Is this your first home study?
 Yes No
10. Have you ever received an unfavorable home study?
 Yes No
11. Have you ever begun a home study and stopped the process for any reason?
 Yes No
12. Have you ever been rejected as a prospective adoptive or foster parent?
 Yes No

ADOPTIVE MOTHER

1. Do you have any history of alcoholism?
 Yes No
2. Do you have any history of drug addiction?
 Yes No
3. Do you have any history of substance abuse?
 Yes No
4. Do you have any history of drug/alcohol treatment?
 Yes No
5. Do you have any history of domestic violence?
 Yes No
6. Do you have any history of sexual abuse?
 Yes No
7. Do you have any history of child abuse or neglect?
 Yes No
8. Have you ever been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violates, 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 abroad, even if the record has been expunged, sealed, pardoned or the subject of any other amelioration?
 Yes No
9. Is this your first home study?
 Yes No
10. Have you ever received an unfavorable home study?
 Yes No
11. Have you ever begun a home study and stopped the process for any reason?
 Yes No
12. Have you ever been rejected as a prospective adoptive or foster parent?
 Yes No

Explanations (include timeframes, circumstances, specific charges if applicable, and outcomes):

PETS

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

FERTILITY

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

VIEWS REGARDING ADOPTION

Why do you wish to adopt?

Why do you wish to adopt domestically or internationally?

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

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

Would you consider a physically or mentally challenged child?

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

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

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

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).

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

Adoptive Father's Signature

Date

Adoptive Mother's Signature

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.

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: _____

Positions held within the church: _____

ADOPTIVE MOTHER

Describe involvement in church activities: _____

Positions held within the church: _____

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.*

Adoptive Father's Signature

Date

Adoptive Mother's Signature

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.

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: _____