

**ADOPTION COUNSELING SERVICES, INC.**

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

**APPLICATION FOR ADOPTION**

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

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

TELEPHONE NUMBER \_\_\_\_\_  
Home # Husband's Work # Wife's Work #

EMAIL ADDRESS: \_\_\_\_\_

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

---

---

DATE/PLACE OF BIRTH: \_\_\_\_\_ DATE/PLACE OF BIRTH \_\_\_\_\_

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

RELIGION: \_\_\_\_\_ RELIGION: \_\_\_\_\_

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

Complexion Height Weigh

Complexion Height Weight

EDUCATION \_\_\_\_\_  
Elementary

EDUCATION \_\_\_\_\_  
Elementary

\_\_\_\_\_ High School

\_\_\_\_\_ High School

\_\_\_\_\_ Other (Describe)

\_\_\_\_\_ Other (Describe)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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

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

\_\_\_\_\_  
Present Employer/Company

\_\_\_\_\_  
Present Employer/Company

\_\_\_\_\_  
Husband's Employer's Complete Address (including Zip)

Page 2  
Adoption Application

\_\_\_\_\_  
Wife's Employer's Complete Address (including Zip)

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
------	-----	------------	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE OF MARRIAGE: \_\_\_\_\_ PLACE OF MARRIAGE: \_\_\_\_\_

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

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

FATHER'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
---------------	-----	-------------	------------

_____	_____	_____	_____
_____	_____	_____	_____

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

CHILDREN'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
-----------------	-----	-------------	------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WIFE'S RELATIVES**  
(Father, Mother, Brothers, & Sisters)

FATHER'S NAME	AGE	ADDRESS/ZIP	OCCUPATON
---------------	-----	-------------	-----------

---

MOTHER'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
---------------	-----	-------------	------------

---

Page 3  
Adoption Application

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

CHILDREN'S NAME	AGE	ADDRESS/ZIP	OCCUPATION
-----------------	-----	-------------	------------

---

---

---

NAMES AND ADDRESSES OF FIVE (5) PERSONS WHO WILL ACT AS REFERENCES. (TWO RELATIVES AND THREE NON-RELATIVES)

Letters may be sent by email or postal mail.

NAME/TITLE	COMPLETE ADDRESS
------------	------------------

---

---

---

---

---

SIGNATURES: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_