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*Adoption Services of Oklahoma, Inc.*

300 W. Cherokee Ave., Suite 100 • Enid, OK 73702 • 1-877-242-9700  
www.adoptionservicesoklahoma.com

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## **Information/Application**

*Application fee is \$500.00 made out to Adoption Services of Oklahoma, Inc. and must accompany application.*

*(All information will remain confidential unless your permission is granted, in writing, to release part or parts of information divulged in this application).*

Mr. \_\_\_\_\_  
*First Middle Last*

Mrs. \_\_\_\_\_  
*First Middle Last & Maiden*

Present Mailing Address:

\_\_\_\_\_  
*Street / P.O. Box / Route*

\_\_\_\_\_  
*Town County State Zip Code*

If Resident of Oklahoma, How Many Consecutive Years Of Residence Do You Have:

\_\_\_\_\_

Country of Residence:     United States  
    Other \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Husband's Cell Phone Number: \_\_\_\_\_

Wife's Cell Phone Number: \_\_\_\_\_

Home Fax Number: \_\_\_\_\_

Home E-Mail Address: \_\_\_\_\_

Date and Place of Present Marriage:

\_\_\_\_\_  
*(Please enclose copy of marriage certificate)*

How did you hear about us? \_\_\_\_\_

## ***Your Home***

Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

List all members of household; including all children (biological and adoptive), relatives and non-relatives:

<i>Name</i>	<i>Relationship</i>	<i>Birth Date</i>	<i>Sex</i>	<i>SSN</i>	<i>Employment/School</i>

List all children not living at home with you:

<i>Name</i>	<i>Age</i>	<i>Address</i>	<i>Reason Out of Home</i>

## ***Medical***

Do you have health insurance? \_\_\_\_\_

Do either of you have life insurance? (include amount) \_\_\_\_\_  
*(Husband)* *(Wife)*

If yes, how much for each? \_\_\_\_\_  
*(Husband)* *(Wife)*

Husband medical issues (past or present):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Wife medical issues (past or present):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General Information**

*Husband's Information:*

Name: \_\_\_\_\_  
*(Last) (First) (Middle)*

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race/Nationality: \_\_\_\_\_ Tribe: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

- Education:  High School Diploma \_\_\_\_\_
- Associate's Degree \_\_\_\_\_  
*(Field of study) (Where) (Dates)*
- Bachelor's Degree \_\_\_\_\_  
*(Field of study) (Where) (Dates)*
- Master's Degree \_\_\_\_\_  
*(Field of study) (Where) (Dates)*
- Doctoral Degree \_\_\_\_\_  
*(Field of study) (Where) (Dates)*
- Other Education \_\_\_\_\_  
*(Field of study) (Where) (Dates)*

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How Long: \_\_\_\_\_ Annual Income: \_\_\_\_\_

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

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office E-Mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Religious preference if any: \_\_\_\_\_

Dates of Previous Marriages and Divorces:

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

*Wife's Information:*

Name: \_\_\_\_\_  
*(Last) (First) (Middle)*

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race/Nationality: \_\_\_\_\_ Tribe: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Education:  High School Diploma \_\_\_\_\_

Associate's Degree \_\_\_\_\_  
*(Field of study) (Where) (Dates)*

Bachelor's Degree \_\_\_\_\_  
*(Field of study) (Where) (Dates)*

Master's Degree \_\_\_\_\_  
*(Field of study) (Where) (Dates)*

Doctoral Degree \_\_\_\_\_  
*(Field of study) (Where) (Dates)*

Other Education \_\_\_\_\_  
*(Field of study) (Where) (Dates)*

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How Long: \_\_\_\_\_ Annual Income: \_\_\_\_\_

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

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Office E-Mail Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Religious preference if any: \_\_\_\_\_

Dates of Previous Marriages and Divorces:

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

## ***References***

Please list three references who have written letters on your behalf. Please also enclose the letters. It is our policy to contact your references so that we may confirm the authenticity of your letters of reference. (You may use copies from your home study if you wish).

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

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

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

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

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

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

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

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

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

## ***Background and Adoptive Questions***

Why do you wish to adopt a child?

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Have you ever made application for a child or cared for a child for another agency or person? If yes, give name and address of agency or person:

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Are you currently undergoing infertility treatments in hopes of having a biological child?

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Have you had a home study done by anyone for adoptive purposes? If so, who conducted it and what were the details? Please enclose a copy if one is available.

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Have you ever been denied a favorable home study? If so, explain the details briefly.

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How long have you been trying to adopt?

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Have you or any member of your family or household been diagnosed with psychiatric disorders? If so, please explain briefly.

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Have you or any member of your family or household been arrested or convicted of a criminal action and/or currently on probation or parole? If yes, explain:

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Have you or any member of your family or household been investigated for drug or alcohol abuse? If yes, explain briefly.

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Have you or any member of your family or household been investigated for child physical abuse, sexual abuse or neglect? If yes, explain:

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Please list any other comments or information you would like to add.

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### ***Information on Preferences for Adoption***

- Age:  Newborn Only  
 Up to 1 Year  
 1-4 Years  
 5-8 Years  
 Other

- Gender:  Male  
 Female  
 Either

Race/Nationality:

- |   |   |
|---|---|
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Caucasian/Hispanic               |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> Caucasian/African American       |
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American                  |
| <input type="checkbox"/> Asian/Oriental   | <input type="checkbox"/> Native American/Caucasian        |
| <input type="checkbox"/> Marshall Island  | <input type="checkbox"/> Native American/African American |
| <input type="checkbox"/> Other: _____     |   |

**Please indicate your placement preference with a 1, 2, 3, 4, and 5.**

We hereby state that we have submitted complete and truthful information and authorize *Adoption Services of Oklahoma, Inc.* to use this information in completing an assessment of this Application.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

### **Disclaimer**

*Adoption Services of Oklahoma, Inc.* will make every effort possible to ensure the health and welfare of the birth mother and baby. A comprehensive past medical history, social history and genetic history will be provided to prospective adoptive parents. We will also disclose any conditions which may develop or may be found in either the birth mother or baby. Every effort will be made to provide not only the best obstetrical and antepartum care, but also the safety and welfare of the birthmother and child. However, in dealing with human lives things aren't always certain. *Adoption Services of Oklahoma, Inc.* cannot be liable for conditions that may arise later in the life of an adopted child, whether medical and/or psychological. By signing this statement below the prospective adoptive parents release from liability the agency known as *Adoption Services of Oklahoma, Inc.* for any unforeseen medical/psychological or developmental issues which may present after custody of the baby has been established.

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Husband Signature

Date

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Wife Signature

Date



## ***Final Disclaimer***

*We understand and accept that the application fee in the amount of \$500.00 will be paid to [Adoption Services of Oklahoma, Inc.](#) at the time of application. We also understand that this is a nonrefundable deposit. It is our further understanding that this deposit will ensure our place on the “waiting couples” list with [Adoption Services of Oklahoma, Inc.](#) With adoption costs varying for each situation, we understand that it will be our responsibility to pay the full amount for our adoptive situation. If the adoption should fail, it is our understanding that [Adoption Services of Oklahoma, Inc.](#) will apply this deposit to another adoptive situation that meets our criteria.*

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Husband Signature

Date

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Wife Signature

Date

*\*Please feel free to call Jennifer Garrett, or Catherine Sneed to discuss adoption fees before sending in your application.*