

(LSWDOs LOGO)

**APPLICATION FORM**  
**Prospective Adoptive Parent**

Please check appropriate box:

<input type="checkbox"/>	Regular
<input type="checkbox"/>	Relative
<input type="checkbox"/>	Independent

**IDENTIFYING INFORMATION:**

	Prospective Adoptive Father	Prospective Adoptive Mother
Name		
Age		
Date of Birth		
Place of Birth		
Nationality/Citizenship		
Religion		
Home Address		
Telephone Number/CP Number		
E-mail address		
Marital Status		
If married, date of Marriage		
Place of Marriage		
Date of Previous Marriage, if any		
Manner by which marriage was terminated; state branch and number of years		
Military services; state branch and number of years		
Membership in Association/Clubs/Organization		

**ECONOMIC DATA:**

	Prospective Adoptive Father	Prospective Adoptive Mother
Occupation		
Name of Employer		
Business Address		
Office Telephone No.		
Email Address		
Income other than salary		
Real Properties		
Savings		
Insurance		
Loan/Debts		

## EDUCATION

	Prospective Adoptive Father	Prospective Adoptive Mother
Elementary Year Graduated Honors Received Name & Location of school		
Secondary Year Graduated Honors Received Name & Location of school		
College Year Graduated Honors Received Name & Location of school		
Graduate School Year Graduated Honors Received Name & Location of school		

## EMPLOYMENT HISTORY

	Prospective Adoptive Father	Prospective Adoptive Mother
Position:  Employer:  Reason & Year of separation from the company		
Position  Employer  Reason & Year of separation from the company		

## HOUSEHOLD MEMBERS:

A. List of all individuals living with the couple in present address:

Name	Age	Sex	Relationship	Educational Attainment	Disability /Illness, specify
1.					
2.					
3.					

HOUSEHOLD MEMBERS:

A. List of children of either couple/living away from them, if any:

Name	Age	Sex	Relationship	Educational Attainment	Disability /Illness, specify
1.					
2.					
3.,					

Have you applied before to adopt a child? If so, where did you file your Application?

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What are your reason/s for adopting?

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For relative/independent adoption, indicate circumstances, date when you got actual custody of the child.

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Do you have any illness or handicap which may affect the care of the child?

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What are your feelings about the child knowing his/her biological parents?

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Child preference: (Please state the gender and age of a child you want to adopt)

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Are you willing to adopt a child with special needs? (Ex. Cerebral palsy, epilepsy, with autism, etc.)

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Please state your plan/s to the child you wish to adopt.

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What changes or adjustment will you make once the child has been placed to your home? (Ex. Time of work and organization)

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What is your reaction if the social worker interviews your children, relatives, friends and employer?

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Who may be contacted for more information on your character? (Please do not include relatives)

Name	Relation to Applicant/s	Address & Contact Numbers

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Prospective Adoptive Father  
(Signature Over Printed Name)

\_\_\_\_\_  
Prospective Adoptive Mother  
(Signature Over Printed Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Worker In-charge