

La Familia Inc.

"The Children's Safety Net"

707 Broadway NE, Suite 103, Albuquerque, New Mexico 87102
Phone: (505) 766-9361 • Fax: (505) 766-9157

APPLICATION FOR ADOPTION SERVICES

Infant _____ **Special Needs** _____ **International** _____

Applicant #1's Name:

Last

First

Middle

Applicant #2's Name:

Last

First

Middle

Home Address: _____

Street Address

City

Zip Code

Home Telephone: _____ **Work Telephone:** _____

Other: _____

Email: _____ **Email:** _____

Applicant #1

Applicant #2

Place of Birth:

Date of Birth:

Social Security Number:

Primary Language Spoken:

Other Languages Spoken:

Religious Preference:

Physical Description:

Educational Status:

Military Status:

Employment:

Health Insurance Company:

Vehicle Insurance Company:

Other Insurance:

Home Information:

House ()

Apartment ()

Mobile Home ()

() Rent- Monthly Amount \$ _____ () Own- Monthly Amount \$ _____

How long have you lived at your current address: _____ years _____ months

Marriage History:

Present Marriage: Date of Marriage _____ Place _____

Previous Marriage: Date of Marriage _____ Place _____

Parties Involved: _____

Date and Place of Divorce: _____

Date of Spouses Death: _____

For any additional marriages, please add separate sheet of paper.

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Applicant #2

Place of Birth:

Date of Birth:

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Date of Spouses Death: _____

For any additional marriages, please add separate sheet of paper.

Please include specific directions to your home:

By signing this document, I verify that all of the above information is true to the best of my knowledge. I agree to notify La Familia immediately if any information contained in this application changes.

Applicant #1

Date

Applicant #2

Date