



CATHOLIC CHARITIES, INC.

850 East River Place
Jackson, Mississippi 39202
601-355-8634 Fax 601-960-8493
www.catholiccharitiesjackson.org

Adoption Home Study Application

APPLICANT INFORMATION			
HUSBAND		WIFE	
Full Legal Name:		Full Legal Name:	
Previous Names:		Maiden Name:	
Date of Birth:	Age:	Previous Names:	
Birthplace:		Date of Birth:	Age:
Race:	Eye Color:	Hair Color:	Birthplace:
Height:	ft.	in.	Weight:
			lbs.
Social Security :		Height:	ft.
		in.	Weight:
			lbs.
Religious faith:		Social Security:	
Education:		Religious faith:	
Occupation:		Education:	
Employer:		Occupation:	
Supervisor:			
Address:			
Work Phone:		Employer:	
		Supervisor:	
Cell Phone:		Address:	
Home Phone:		Work Phone:	
Home Email:		Cell Phone:	
Address:			
City:		County:	Zip Code:
CHILDREN			
Name:	Gender:	Age:	Living with Whom:

PROVIDING HELP. CREATING HOPE.

Northeast Office
Post Office Box 328
Vardaman, MS 38878
662-682-9992
Fax 662-682-9992*51



CATHOLIC DIOCESE OF JACKSON

Natchez Office
109 S. Union Street
Natchez, MS 39120
601-442-4579
Fax 601-442-4588

OTHER ADULTS LIVING IN FAMILY'S HOME

Name:	Gender:	Age:	Relationship in family:

MARRIAGE (If more than 1 past marriage use back side of page)

Date/City/State of Current Marriage: _____

Previous Marriage – Husband	Previous Marriage - Wife
Name: _____	Name: _____
Date Begun: _____	Date Begun: _____
Date Ended: _____	Date Ended: _____

TYPE OF ADOPTION

I am/We are interested in:

Domestic Adoption

International Adoption from _____ country

Relative Adoption

Specific Child Adoption

CHILD TO BE ADOPTED

Age of child; (or age range) _____

Gender of child: Boy Girl Either Both

Are you considering adopting siblings? Yes No Unsure

If yes: How many siblings? _____

PREVIOUS ADOPTION APPLICATIONS

Have you previously applied for adoption, either as an individual, a couple or in a previous relationship?

Husband Wife N/A

Have you previously started or completed an adoption program?

Husband Wife N/A

Have you previously started or completed an adoption home study?

Husband Wife N/A

Have you ever been the recipient of an unfavorable adoption home study?

Husband Wife N/A

Do you concurrently have an application with any other agency or attorney?

Yes No

If yes, name: _____

Have you ever been arrested even if it did not result in a conviction? Yes No

Husband Wife

If yes, please explain: _____

EXTENDED FAMILY: (If deceased, please provide age, date and cause of death. Please use back of page if additional space is needed.)

HUSBAND			WIFE		
Name	Age	Occupation	Name	Age	Occupation
Father:			Father:		
Mother:			Mother:		
Sibling:			Sibling:		
Sibling:			Sibling:		
Sibling:			Sibling:		

REFERENCES (List 4 non-relatives that are acquainted with your family life for 3 or more years). All references listed including employment will be contacted and responses are kept confidential, not available to the applicants.

Name	Address	Telephone
1.		
2.		
3.		
4.		

Name of Church:

Address:

Minister's Name:

INTERNATIONAL ADOPTION ONLY (Other State/Country Child Abuse Registries. Please list any other states/countries, time frames and addresses you have lived since age 18. Attach a separate sheet if more space is needed.)

HUSBAND:

WIFE:

ACKNOWLEDGEMENTS

I/We, the undersigned, submit this application with the following acknowledgements: I/We give full permission to the adoption social worker to communicate and exchange information about me/us, in written or verbal form, with other child placing agencies, private and international adoption agencies, physicians, mental health professionals, other adoption licensees and social workers, government agencies and other sources, as necessary, in order to further my/our application.

I/We understand that any false statement, or omitted information in this application, may jeopardize my/our application.

Please enclose individual color pictures, copies of marriage license, birth certificates of each applicant and children, military discharge and \$50 application fee (non-refundable.) Please return the Safety Checklist, Safe Questionnaire I and the financial statement with application.

THE APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED WITHOUT EACH LISTED ITEM RETURNED WITH APPLICATION.

Husband's Signature

Date

Wife's Signature

Date

OFFICE USE ONLY: Date of Informational Meeting _____

- Application Packet received _____
- Application
- Marriage License
- Application Fee
- Safety Checklist
- Financial Statement
- Picture(s)
- Birth Certificates
- Military Discharge
- Safe Questionnaires I