

ADOPTION INQUIRY FORM

Mail to:
Children's Aid Society
652 26th Street
Ogden, UT 84401-2546
(801) 393-8671

*PLEASE INCLUDE A RECENT PHOTOGRAPH ALONG WITH THIS FORM
(No fee is required with the submission of this form)*

Date: _____ Referral source: _____
Name of Husband: _____ Wife: _____
Address: _____ Apartment: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Husband's work: _____ Wife's work: _____
Date and place of marriage: _____

Type of ceremony (civil, church, temple, etc.): _____
* Husband's Date of Birth: _____ Race: _____ Religion: _____
Occupation: _____ Employer: _____

Yearly income: _____ Highest level of education: _____

General health: _____ Do you have health and life insurance?
_ Previous marriage - Length of marriage: _____ Date of termination: _____
Reason for termination: _____

* Wife's Date of Birth: _____ Race: _____ Religion: _____
Occupation: _____ Employer: _____
Yearly income: _____ Highest level of education: _____
General health: _____ Do you have health and life insurance?
_ Previous marriage - Length of marriage: _____ Date of termination: _____
Reason for termination: _____

Children -
* Name: _____ Sex: _____ Age: _____ Race: _____
Circle one: biological, adopted, previous relationship, foster
If adopted, what agency or attorney: _____ Who has custody (if applicable):
Circle one: biological, adopted, previous relationship, foster
If adopted, what agency/attorney: _____ Who has custody (if applicable): _____

Briefly explain impaired fertility or other physical factors preventing child bearing: _____

What race(s) child are you pursuing to adopt? _____
Would you be able to provide insurance coverage for your child(ren)? yes no
Are you pursuing adoption through any other agency/individual? yes no
If so, where and to what extent is your application with them? _____

OFFICE USE - Date mailed: _____ Date Received: _____
Orientation date: _____ By: _____
Packet given: _____ Notes: _____