

FAMILY LIFE SERVICES

P. O. Box 4199

Lynchburg, Virginia 24502

Phone: (434) 845-5334

Fax: (434) 845-3486

E-Mail: info@familyliveservices.org

Pre-Application Form

If you are interested in adopting a child through our domestic infant adoption program, please print and complete this Pre-Application Form, along with a Christian Faith Statement for each prospective adoptive parent and mail it to the above address. Once your Pre-Application is approved, you will be asked to complete the full Adoptive Home Application. If you have questions, please contact us. We are here to assist you every step of the way. Our business hours are Monday through Friday 9:00 a.m. to 4:00 p.m.

This agency is tobacco and drug free. Only couples who have chosen to abstain from using tobacco and drugs will be presented to the Board of Directors for consideration.

This is our chosen lifestyle: Yes _____ No _____

Name: _____

Address: _____

Home Phone: _____ E-Mail Address: _____

ADOPTIVE FATHER

ADOPTIVE MOTHER

Age: _____

Age: _____

Church Name and Denomination: _____

Church Name and Denomination: _____

Ethnic Origin: _____

Ethnic Origin: _____

Years of Schooling: _____

Years of Schooling: _____

Occupation: _____

Occupation: _____

Annual Income: _____

Annual Income: _____

Length of Employment: _____

Length of Employment: _____

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Pre-Application Form

Number of Previous Marriages: _____

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Date of Present Marriage: _____

Date of Present Marriage: _____

Prior arrests/convictions other than traffic violations: _____

Prior arrests/convictions other than traffic violations: _____

*If yes, please provide explanation on a separate piece of paper.

Any adults in household other than applicants?

Name: _____ Age _____ Relationship: _____

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Child (Include any child living inside or outside of your home):

Name	Age/Gender	Biological/Adopted
_____	_____	_____

Has infertility been diagnosed? If yes, please explain: _____

Family Medical History:

Any serious or chronic illnesses, including mental or psychiatric treatment:

Adoptive Father: _____

Adoptive Mother: _____

Adoption History:

How long have you been trying to adopt? _____

Have you applied (now or in the past) to other adoption agencies or attorneys?

Where? _____

Have you ever been denied approval on a home study? _____

Why have you decided to adopt a child? _____

Financial Information:

Personal Net Worth (equity plus what you have saved, minus what you owe):

\$ _____

Monthly Expenses:

\$ _____

Source of funds for adoption fees: _____

Referred by: _____

Signature
Prospective Adoptive Father

Signature
Prospective Adoptive Mother

*** * PLEASE INCLUDE A FAMILY PHOTOGRAPH AND STATEMENT OF FAITH
FORM FOR EACH SPOUSE WITH THIS DOCUMENT * ***