

**FAMILY LIFE SERVICES**

P. O. Box 4199

Lynchburg, Virginia 24502

Phone: (434) 845-5334

Fax: (434) 845-3486

E-Mail: [info@familylifeservices.org](mailto:info@familylifeservices.org)

**Pre-Application Form**

If you are interested in adopting a child through our domestic infant adoption program, please type this Pre-Application Form, along with a Christian Faith Statement for each prospective adoptive parent and mail or fax it to the above address. Handwritten forms will not be accepted. 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.

**(Please type. Handwritten forms will not be accepted.)**

**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: \_\_\_\_\_

Number of Previous Marriages: \_\_\_\_\_

Number of Previous Marriages: \_\_\_\_\_

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: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Relationship: \_\_\_\_\_

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 \* \***