



**SECTION 3 - FAMILY INFORMATION**

Married       Divorced       Single (Never Married)       Widowed

If married, date of marriage: \_\_\_\_\_

**Children (including those of previous marriage)**

NAME	Sex	D.O.B.	Date Adopted	Does your child live with you?

**Others living with the Family**

NAME	Sex	Age	Relationship	Criminal convictions or arrests

**SECTION 4 - CRIMINAL RECORD**

Have you ever been **arrested, charged or convicted** of any crimes?

Father     YES     NO                      Mother     YES     NO

*If you answered "YES" to the question above please state whether it is a misdemeanor or felony and attach certified copies of all charges, court dispositions & criminal record check.*

\*\* If you reside in the State of New York you are not required to answer these questions in accordance with 18 New York Codes Rules and Regulations (NYCRR) 4 21.12

**SECTION 5 - HOME STUDY and IMMIGRATION AND NATURALIZATION**

Have you ever been denied approval for a Home Study?     YES     NO

Do you have a social worker connected with an agency to do your home study?     YES     NO

If "YES", Name of Agency / Social Worker: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever received CIS Advance Processing Approval?     YES     NO

Date of Approval: \_\_\_\_\_ Fingerprinting Approval: \_\_\_\_\_

**SECTION 6 - CHILD REQUEST**

Toddler     Boy over 4     Sibling group     Special needs \_\_\_\_\_

Number of Children: \_\_\_\_\_

When do you wish to adopt your child?                       Within 6 months     1 Year     2 Years

**SECTION 7 - COMMENTS / HOW DID YOU HEAR ABOUT EAC?**

How did you hear about our agency? (check all that apply)

Word of Mouth:

EAC Adoptive Family \_\_\_\_\_ (family name)     Other Adoptive Family \_\_\_\_\_ (family name)     Friend     Relative     Other

Internet

Google     Yahoo     MSN     Adoption.com     Other: \_\_\_\_\_

Newspaper:     Ad     News Story                      Magazine:     Ad     News Story

Radio     Television     Yellow Pages     Other: \_\_\_\_\_

Social worker/Home Study Agency: \_\_\_\_\_    EAC seminar \_\_\_\_\_  
Date, Location

**SECTION 8 - STATEMENT OF AGREEMENT and SIGNATURE**

*By signing this application, I / we authorize EAC to obtain information about me /us from all resources listed above and form all adoption agencies or home study agencies that now are providing or that in the past have provided services to me / us. I/we agree that EAC is authorized to maintain and display my/our information on EAC premises, and to provide and share confidential information to my/our home study agency and EAC travel affiliates. I /we understand that laws and regulations of the foreign governments and agencies in countries in which EAC maintains programs may change without notice; that adoptions in any country may be delayed, suspended or terminated at any time without notice; and that consequently, I /we may be subject to changing requirements and/or programs for international adoption. I /we agree that a photocopy of this authorization is as valid as the original.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Please return this Application for Adoption Form with:**

\_\_\_\_\_  
Date (mm/dd/yyyy)

Non-refundable check or money order for \$200, or fill out credit card info on the back of this page.