

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?

Other 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, **including but not limited to**, shoplifting, fraud, theft, prostitution, solicitation, DUI, DWI, domestic violence, child abuse, assault, or possession of a controlled substance *?

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

Applicants may specify preferences of sex of infant / preschool age children without medical needs. EAC will use your information as a guideline for assignment of a child. The overseas office and government must approve all proposed adoptive placements.

Indicate Country, Age, Sex and number of Children. (If you are adopting two children you must be willing to adopt up to four years old).

Gender **MALE** **FEMALE** **EITHER**

Country: _____ (First choice) _____ (Second choice)

Number of Children: _____

Age range of child: _____ to _____ (Give range of youngest to oldest age of child you will accept.)

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 **Other Adoptive Family** **Friend** **Relative** **Relative** **Other**

(name of family) **Adoptive Families**

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 from 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.

EAC will only refund the application fee if my/our program closes and no other suitable program, per EAC's discretion, is available. I/We agree that to best of my/our knowledge and belief all statements made in this application are true and complete.

Signature

Signature

Please return this Application for Adoption Form with:

Date (mm/dd/yyyy)

- 1.) One (1) photo of the adoptive couple / family, if available. (your photo can be submitted at a later date)
- 2.) Non-refundable check or money order for \$200, or fill out credit card info on the back of this page.

SECTION 9 - Authorization for use of Credit Card

First Name

Middle Name

Last Name

Address

City

State

Zip Code

Credit Card Number

Expiration Date

CVC Code

Please check one:

Master Card



Visa



Discover



American Express



I, _____, authorize European Adoption Consultants, Inc. to charge the application fee of \$200.⁰⁰ to my credit card as shown above.

Fax to: (330) 876-0211

Upon Application for Adoption review and acceptance, you will receive registration forms and an international adoption program packet by Priority Mail. Cancelled checks are your receipts.

Please remit payment and completed Application for Adoption to:

European Adoption Consultants, Inc.
7045 County Line Road
Williamsfield, OH 44093

Information/documents that can be submitted now or at a later date:

* Passport Number

* Photo

* Letter from doctor describing diagnosis and medication prescribed (if any).