

European Adoption Consultants, Inc.



A Non-Profit, 501(c)(3), Licensed Adoption Agency
HAGUE ACCREDITED

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INFORMATION SUMMARY

HUSBAND

Last First Middle Date of Birth Age

Place of Birth

WIFE

Last First Middle Date of Birth Age

Place of Birth

DATE OF MARRIAGE: _____

County, State

Officiant

ADDRESS: _____

Phone

How long at this address?

HUSBAND

WIFE

School Attended, Major

Level Completed/
Year Completed

Work Address

Occupation

Years There

Annual Income

Passport # & Expiration Date

Children (include those of previous marriage)

Name

Gender

D.O.B.

Date adopted

Does child
live w/ you?

Race