

# European Adoption Consultants, Inc.



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

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## AGENCY REGISTRATION FOR CHINA

Date of Application: \_\_\_\_\_

CIS Information

Date I-600A Filed: \_\_\_\_\_

Date of I-171H Approval: \_\_\_\_\_

### APPLICANT(S) FULL GIVEN NAME(S)

**Adoptive Father:** \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security No: \_\_\_\_\_

U. S. Citizen: Yes  No

Place of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
*City* *County* *State*

\_\_\_\_\_ *Street* *City* *State* *Zip*

Email Address: \_\_\_\_\_

**Adoptive Mother:** \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security No: \_\_\_\_\_

U.S. Citizen: Yes  No

Place of Birth: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
*City* *County* *State*

\_\_\_\_\_ *Street* *City* *State* *Zip*

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Home* *His Work* *Her Work*

Cell Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*His* *Hers*

FEDEX Account No.: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Wife's Maiden Name: \_\_\_\_\_

Agency conducting your home study: \_\_\_\_\_ Social Worker: \_\_\_\_\_

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

Date Initiated: \_\_\_\_\_ Date Completed: \_\_\_\_\_

## FINANCIAL INFORMATION

### Assets

Adoptive Father's Salary: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Adoptive Mother's Salary: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Amount in Savings: \_\_\_\_\_ Amount in Checking: \_\_\_\_\_

Investments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Home

Purchase Price of Home: \_\_\_\_\_ Mortgage Amt: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ Current Market Value: \_\_\_\_\_

If you rent, indicate monthly payment: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

### Other

<b>Other Indebtedness</b>	<b>Balance</b>	<b>Monthly Payment</b>
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1. Banks and personal loans	_____	_____
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_____	_____	_____
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2. Other Accounts – Specify	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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### Insurance Policies

Life Insurance: \_\_\_\_\_  
*Name of Carrier* *Amount*

Disability Insurance: \_\_\_\_\_  
*Name of Carrier* *Amount*

Health Insurance: \_\_\_\_\_  
*Name of Carrier* *Effective Date*

### CHILD DESIRED

A Child/Children may be requested of any age or either sex. However, stating a preference may extend the length of wait for a referral.

Sex: Male  Female  Either  Age Range: \_\_\_\_\_

Sibling Group: How Many in Group? : \_\_\_\_\_ Sex: Male  Female  Either  Age Range: \_\_\_\_\_

**OTHERS LIVING IN THE HOME**

	<b>Name</b>	<b>Age</b>	<b>Relationship</b>
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

**RELATIVES**

Adoptive Father's parents' names and address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
\_\_\_\_\_

Adoptive Father's brothers and sisters, oldest to youngest (indicate chronological order including self):  
Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adoptive Mother's parents' names and address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
\_\_\_\_\_

Adoptive Mother's brothers and sisters, oldest to youngest (indicate chronological order including self):  
Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your general health condition and any medications currently taken:  
Adoptive Father: \_\_\_\_\_  
\_\_\_\_\_  
Adoptive Mother: \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS ADOPTION INFORMATION**

Have you ever applied to another child-placing agency?

Yes

No

\_\_\_\_\_  
*Name of Agency*

\_\_\_\_\_  
*Year*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone No.*

Are you currently trying to adopt through another agency or waiting for a child?

Yes

No

\_\_\_\_\_  
*Name of Agency*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone No.*

Have you been disapproved by another agency?

Yes

No

\_\_\_\_\_  
*Name of Agency*

\_\_\_\_\_  
*Year*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone No.*

Have you ever had a child in your custody removed from your home? (Explain In Detail)

Yes

No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We hereby apply to adopt a child through European Adoption Consultants, a licensed non-profit adoption agency. I/We understand that the return of this completed registration application does not guarantee the placement of a child in our home. As adoptive applicants, I/we agree to obtain an adoptive, international Home Study of our family and will attend a series of approved parenting classes as requested. I/We understand that the criteria for placement shall be to serve the best interest of the child, and that the date of this application, home study approval, etc. will not be the primary determinant in my/our receiving an adoption referral. I/We further understand that CIS approval must be obtained before an international adoption can be completed.

I/We understand that EAC cannot be responsible for the statements, acts or failure to act by foreign attorneys, doctors, adoption agencies, orphanages, government agencies, public officials, or any other child placing entities.

I/We understand that I/we are responsible for all legal requirements and fees, if any, in meeting the pre-adoption and/or readoption requirements in my/our state of residence. Any and all legal expenses incurred by me/us is my/our responsibility.

I/We agree the I/we will promptly notify European Adoption Consultants Inc. should a pregnancy occur, if a child is placed with me/us through another source, or if any changes occur in the information contained in this application. It is understood that any misrepresentation of information on this application will be cause for rejection.

Adoptive Father's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Adoptive Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please remit \$500 in check made payable to European Adoption Consultants, Inc. with this adoption registration application. Our planning for your adoptive placement begins with approval of this registration application. This fee is non-refundable unless your application is rejected. Please remit to:

European Adoption Consultants, Inc.  
12608 Alameda Dr.  
Strongsville, OH 44149 USA