



European Adoption Consultants, Inc.

A Non-Profit, 501(c)3, Licensed Adoption Agency
12608 Alameda Drive, Strongsville, OH 44149
(440) 846-9300 ~ (800) 533-0098 ~ Fax (440) 237-6910
www.eaci.com ~ email: EACAdopt@aol.com

AGENCY REGISTRATION FOR GUATEMALA

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: _____
City *County* *State*

Email Address: _____

Adoptive Mother: _____ Birth Date: _____

Social Security No: _____ U. S. Citizen: Yes No

Place of Birth: _____
City *County* *State*

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

Other Indebtedness	Balance	Monthly Payment
---------------------------	----------------	------------------------

1. Banks and personal loans__	_____	_____
-------------------------------	-------	-------

	_____	_____
--	-------	-------

2. Other Accounts – Specify	_____	_____
-----------------------------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

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

	Name	Age	Relationship
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