

# APPLICATION FORM

The following non-refundable fees are enclosed:

All forms require \$50.00

Homestudies completed by other agencies in or out of state *(not conducted by Lund Family Center)*  
add an additional \$400.00

Total enclosed: \$50.00 \_\_\_\_\_

\$450.00 \_\_\_\_\_

NAME(s): \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL: \_\_\_\_\_ Work: \_\_\_\_\_ Work: \_\_\_\_\_  
(Applicant #1) (Applicant #2)

REFERRED BY: \_\_\_\_\_

(Applicant #1)

(Applicant #2)

Name: \_\_\_\_\_

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

SSN: \_\_\_\_\_

Religion: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Health Problems: \_\_\_\_\_

Relationship Status: (check one) Single: \_\_\_\_\_ Married: \_\_\_\_\_ Civil Union: \_\_\_\_\_

Children: Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Biological/Adopted: \_\_\_\_\_ From Where: \_\_\_\_\_

Have you applied elsewhere for a child? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, where and status of application: \_\_\_\_\_

Do you have an approved Homestudy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes which agency and contact person? \_\_\_\_\_

Which of our adoption programs are you interested in?

Local: \_\_\_\_\_ Interstate: \_\_\_\_\_ International: \_\_\_\_\_ Waiting Children: \_\_\_\_\_ Private adoption services: \_\_\_\_\_

\*Submission of this form does not guarantee placement of a child.