

DeColores Adoptions International

2615 Paul White Rd. Lake Charles, LA 70611

Phone (337) 855-7398 / Fax (337) 217-1280

(Mail or Fax completed forms)

FAMILY INFORMATION SHEET

FAMILY NAME _____ APPLICATION DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

PROSPECTIVE ADOPTIVE FATHER

NAME (First, middle, last) _____

Divorced: YES/ NO

BIRTH DATE _____ AGE _____ BIRTH PLACE _____

EMPLOYER _____

Occupation _____

WORK TELEPHONE NUMBER _____ CELL _____

CITIZENSHIP _____ PASSPORT NUMBER _____

LENGTH OF MARRIAGE _____

PROSPECTIVE ADOPTIVE MOTHER

NAME (First, middle, last) _____

Divorced: YES/ NO

BIRTH DATE _____ AGE _____ BIRTH PLACE _____

EMPLOYER _____

Occupation _____

WORK TELEPHONE _____ CELL _____

CITIZENSHIP _____ PASSPORT NUMBER _____

MAIDEN NAME _____

CHILDREN

LIST ALL CHILDREN BY PRESENT AND FORMER MARRIAGES:

NAME	BIRTHDATE	GENDER	ADOPTED/LOCATION Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD TO BE ADOPTED

Program interested in:

Guatemala _____ **China** _____ **Ukraine** _____ **Russia** _____

Check one

MALE _____ FEMALE _____ EITHER _____

Would you accept siblings? YES _____ NO _____

AGE PREFERRED _____

Would you accept a known minor correctable handicap? YES/NO

A correctable Physical Handicap (birthmark, cleft palate, etc.) _____

A severe physical Handicap (hearing, blind, etc) _____

Would you consider adopting a newborn along with an older sibling if both are available for adoption at the same time? _____

ARE YOU CURRENTLY SEEKING A CHILD FROM ANY OTHER SOURCE? IF SO, EXPLAIN. _____

ADDITIONAL INFORMATION

Please provide us with the following information on the agency/social worker who has or is preparing your home study:

SOCIAL WORKER _____ Started Homestudy? Yes No

TELEPHONE NUMBER _____

ADDRESS _____

Home Study and State Requirements:

Social worker _____ phone _____
Do you have a home study in progress or completed? _____ date _____
If not completed, at what stage is it? _____

INS I600A

Have you filed your I600A with the US INS as of this date? _____
Have you been finger printed with INS? _____ Date of finger prints _____
Do you have INS form 171H approval? _____ expiration date? _____
What is your adoption timeline? _____
Are you ready to adopt now? _____

IN CASE OF EMERGENCY

(Please list the name, address, and phone number of a person we can contact while you are out of the country.)

NAME _____ PHONE NUMBER _____

ADDRESS _____

I/we understand that DeColores Adoptions International cannot guarantee placement of a child or time by which a child will be placed. I/we have reviewed this family information sheet and all of the information is true and correct.

PROSPECTIVE ADOPTIVE FATHER'S SIGNATURE

DATE

PROSPECTIVE ADOPTIVE MOTHER'S SIGNATURE

DATE