



UNITED IN LOVE ADOPTIONS
Uniting Families Through the Bonds of Love

POTENTIAL ADOPTIVE PARENT INTEREST FORM

Date: _____

Parent 1 Name: _____ DOB: _____

Parent 1 Phone: _____ US Citizen? Yes No

Parent 1 Email: _____ Occupation: _____

Parent 2 Name: _____ DOB: _____

Parent 2 Phone: _____ US Citizen? Yes No

Parent 2 Email: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Briefly describe your reasons for wanting to adopt: _____

Tell us about any children you currently have, including their ages, genders, if they live in your home, and if they are biological or adopted. _____

Are Parent 1 and 2 married? Yes No

Do you have a completed Home Study? Yes No

Home Study Agency:

Are you willing to agree to some level of open adoption? Yes No



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Are both Parents able to pass a state and federal background check ? Yes No

Are both Parents able to pass a standard health physical? Yes No

Household Income: _____

Has either parent:

- | | |
|--|--|
| <input type="checkbox"/> Declared Bankruptcy | <input type="checkbox"/> Been Arrested |
| <input type="checkbox"/> Been Under Psychiatric Care | <input type="checkbox"/> Military Dishonorable Discharge |

If any are checked, please explain: _____

How did you hear about us? _____

- Please add us to your email list.

We will contact you by phone or email within 2-4 business days of receipt of this form.

***Please Note:** This is an interest form, not an application or contract. There is no obligation by either party. Vital statistics are confidential and are not shared with birth parents. By submitting this form you admit that your answers are true and correct.*