

Personal Information

Husband's Full Name	
Date of Birth/	
Wife's Full Name	
Date of Birth/	
Date of Marriage	
Street Address Zip Code	City
Home Phone Number	
Cell/work phone	
Primary Email Address	
Secondary Email Address	
Husband's Employer	
Length of employment	
Wife's Employer	
Length of employment	
Names and ages of biological children in family:	
Have you adopted previously? Yes No If yes, names/ages	

Have you completed your dossier? (if international) Yes No

Do you have a specific child identified already for this adoption? Yes No				
If yes, Full Name	Age	Gender	Country	
Do you plan on adopting an older	•	d?		
Do you profess Jesus Christ as yo		d Savior?		
Church Name		_ Member? Yes	s No	
May we contact your pastor? Yes	No			
Pastor's Name	Church P	Phone Number		
Husband- Please share how you	came to know Christ	t?		
Wife- Please share how you came	e to know Christ?			
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Please share how God has led yo	u to adopt (adoptio	n testimony)?		

Financial Specify any special financial considerations or circumstances we should be aware of:

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How much do you currently have in your adoption fund?
Please List Adoption Costs/Applicable Expenses Below:
Agency Fees-
Child's Medical Exam-
Foreign Program Fee-
Home Study-
In-Country Fees-
INS Fees (international adoptions only) Notarization/Authentication-
Orphanage Fees-
Overseas Fees-
Translation Fees-
Travel First Trip-
Travel Second Trip-
Visas-
Other
Total Adoption Cost-
Consent
We understand that if we decide not to adopt or our adoption is disrupted for any reason we will contact EveryDay Ministry immediately. Any funds raised will be used to further the ministry of EveryDay and assist other families with the cost of adoptions.
Signatures
We are providing this information to EveryDay Ministry for their internal and confidential use. All information contained in this application is accurate to the best of our knowledge.
Adoptive Father
Adoptive Mother