



2001 Biscayne Boulevard, #2111 • Miami Florida 33137  
 Telephone: (305) 576-8288 • Facsimile: (305) 433-7817  
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### Application For Adoption

Please complete the following information as completely and accurately as possible so that we can properly advise you as to which program(s) is best suited for you. If you need assistance, please call (305) 576-8288. All information that you disclose in this application is strictly confidential. If mailing it, please print clearly. Our application fee is \$200.

#### SECTION I: APPLICANT(S) INFORMATION

Petitioner Last Name	First Name	MI	
Spouse Last Name	Spouse First Name	MI	
Street Address	City	State	Zip
Home Phone	Petitioner Work Phone	Petitioner Alternate Phone	Petitioner Fax
	Spouse Work Phone	Spouse Alternate Phone	
Petitioner Email	Spouse Email		
Emergency Contact Name	Emergency Contact Phone		
Petitioner Passport Number	Place of Issuance	Date of Expiration	
Spouse Passport Number	Place of Issuance	Date of Expiration	

## SECTION II: PETITIONER BACKGROUND INFORMATION

Date of Birth    Social Security No.    Citizenship

Place of Birth    Race

Employer Name    Employer Address    Annual Salary

Length of Employment    Health Coverage

Years Married:    years          Prior Marriage?    No    Yes          Number of Previous Marriages:

Have you ever been convicted of a crime (misdemeanor or felony)?    No    Yes

If yes please explain below :

Are there any past incidents of your being reported for physical abuse?    No    Yes

If so, please explain below:

Are there any past incidents of drug or alcohol abuse?    No    Yes

If so, please explain below:

**SECTION III: SPOUSE BACKGROUND INFORMATION [IF APPLICABLE]**

Date of Birth Social Security No Citizenship

Place of Birth Race

Employer Name Employer Address Annual Salary

Length of Employment Health Coverage

Years Married:          years    Prior Marriage?      No      Yes    Number of Previous Marriages:

Have you ever been convicted of a crime (misdemeanor or felony)?      No      Yes  
(If yes please explain below) :

Are there any past incidents of your being reported for physical abuse?      No      Yes  
If so, please explain below:

Are there any past incidents of drug or alcohol abuse?      No      Yes  
If so, please explain below:

**SECTION IV: OTHER CHILDREN LIVING IN YOUR HOME (IF APPLICABLE)**

Child 1 Name	Relationship	Date of Birth
Child 2 Name	Relationship	Date of Birth
Child 3 Name	Relationship	Date of Birth
Child 4 Name	Relationship	Date of Birth
Child 5 Name	Relationship	Date of Birth
Child 6 Name	Relationship	Date of Birth

Please indicate any health problems in the designated boxes below:

Petitioner Past health Problems                      Petitioner Present Health Problems

Spouse Past health Problems                      Spouse Present Health Problems

Child 1 Past health Problems                      Child 1 Present Health Problems

Child 2 Past health Problems                      Child 2 Present Health Problems

Child 3 Past health Problems                      Child 3 Present Health Problems

## SECTION V: PROGRAM PREFERENCES

### « Review programs countries

Which country program are you interested in?

Desired age of child:

Desired sex of child:    Female    Male    Either

Will you accept siblings    Yes    No

Will you accept a child with medical conditions?    Yes    No

Comments:

## SECTION VI: PROCESS INFORMATION

### « Learn more about the application steps

Have you ever applied with another agency?    No    Yes (please specify below)

Agency Name                      Street Address

City                                      State                                      Zip

Have you begun your home study?    No    Yes (please specify below)

Agency Name                      Social Worker                      Street Address

City                                      State                                      Zip                                      Completion Date

Have you applied to the US Immigration and Naturalization Service (form I-600a)?    No    Yes

Date of Application                      Date Fingerprinted:

Have you received your I-171h, Notification of Favorable Determination Concerning Application for Advance Processing of Orphan Petition?    No    Yes

Date Received

What are your reasons for choosing international adoption?

If you are mailing or faxing this form, please certify by completing the entries below. If you are submitting this form online, please enter name(s) in the "Printed Name" sections only

I/We represent that all information in this application is true, accurate, and complete, and is given to AdoptInternational for entry to its international adoption program.

Petitioner's Signature

Printed Name

Date

Spouse's Signature

Spouse's Printed Name

Date

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Please submit your signed and completed application along with our application fee of \$200 by selecting an option below. (Online and faxed submissions must be followed with our application fee mailed separately.) If you need assistance, please call us at (305) 576-8288

**Submit by mail:**

AdoptInternational, Inc.  
2001 Biscayne Boulevard, #2111,  
Miami Florida 33137

**Submit By Fax:**

(305) 433-7817

**Submit Online:**