

BACKGROUND INFORMATION

Please complete one background information form per prospective adoptive parent.

Prospective Adoptive Parent Name			
Birth Date		Birth Place	
Height		Weight	
Eye Color		Hair Color	
Race		Ethnicity	
Other Languages Spoken			

Where did you live while growing up (ages 0-18)?

**What are the names of your parents? What is their date of birth? Current age?
If either of your parents has died: what year? At what age? Of what cause?**

What are/were the professions of your parents? Are they currently retired?

Where do your parents live now?

**If they divorced, what year did they divorce?
Did either remarry?
What age were you at the time?**

Sibling Name	Date of Birth	Current Age	Where do they live?	Occupation	Single? If married, list spouses name	Children's Name(s)/Ages

How involved are you with your siblings (daily, weekly contact, etc. and describe the nature of the contact)?

How involved are you with your nieces/nephews?

