

Date: \_\_\_\_\_  
(Month/Day/Year)

**Section A: Applicant Information**

**Applicant 1**

Full legal name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: (day/mth/yr) \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number

(H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Canadian Citizenship

Permanent Residency

**Applicant 2**

Full legal name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: (day/mth/yr) \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number

(H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Canadian Citizenship

Permanent Residency

**Home Address:** \_\_\_\_\_

Address City Province Postal Code

**Relationship Status:**

Single

Married (\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/ MM/ YYYY)

Common Law (\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/ MM/ YYYY)

Divorced (if applicable) (\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/ MM/ YYYY)

Separated (if applicable) (\_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/ MM/ YYYY)

**Education**

**Applicant 1**

High School  College/University  Diploma/Degree: \_\_\_\_\_

**Applicant 2**

High School  College/University  Diploma/Degree: \_\_\_\_\_

**Occupation**

**Applicant 1**

If you work outside of the home list occupation? \_\_\_\_\_

**Applicant 2**

If you work outside of the home list occupation? \_\_\_\_\_

**Children:** If you have any children please provide details in the chart below:

Child's Name	Age and Date of Birth	Gender	Currently Living in the Home (yes/no)	If your child is adopted, please provide country and date adoption was completed

Please provide additional details:

\_\_\_\_\_  
\_\_\_\_\_

**Recreation**

Interests, hobbies, recreation you each participate in (i.e. clubs, memberships, sports teams, fundraising, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health**

1. Do any of the following health issues apply to you, either in the past or presently?

- |   |  |
|---|--|
| <input type="checkbox"/> Cancer           | <input type="checkbox"/> Substance Abuse       |
| <input type="checkbox"/> Depression       | <input type="checkbox"/> Physical/Sexual Abuse |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Anxiety Disorders     |
| <input type="checkbox"/> Other            | <input type="checkbox"/> N/A                   |

If you have checked one please provide history and treatment information.

\_\_\_\_\_  
\_\_\_\_\_

2. For the South Africa program, applicants are required to have a Body Mass Index (BMI) of 32 or under.

Applicants BMI must remain 32 or under throughout. Please provide current information below:

Applicant 1: Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_

Applicant 2: Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_

3. Does either applicant suffer from infertility?

Yes  No

If yes, please provide details: \_\_\_\_\_

**Police Record/Criminal Offence**

1. Have you or any members of your household ever been convicted of a criminal offense or investigated by police for any reason?

Yes  No

If yes, please provide details

2. Have you been investigated by a Children's Aid Society or any child protection authority?

Yes  No

If yes, please provide details

**General Questions**

3. Were you referred to our agency?

Yes  No

If yes, by whom? \_\_\_\_\_

4. Have you **consulted** with any other licensed agencies for international adoption or for domestic adoption via Children's Aid Services?

Yes  No  If yes, with whom? \_\_\_\_\_

5. Have you **registered** with another licensed agency for international or domestic adoption?

Yes  No  If yes, with whom? \_\_\_\_\_

6. Have you been in contact with a licensed Adoption Practitioner to begin the home study process?

Yes  No  If yes, with whom? \_\_\_\_\_

**Adoption Information**

1. From which country are you looking to adopt? \_\_\_\_\_
2. For the Nigeria program, is there a specific State you want to adopt from? \_\_\_\_\_
3. Have you ever travelled to or lived in that country/State? \_\_\_\_\_

**For all Country Programs (check all applicable boxes):**

Children are almost always over the age of 12 months at the time of intercountry adoption placement.

	<b>Gender</b>	<b>Age</b>
<input type="checkbox"/> One Child	<input type="checkbox"/> Female	<input type="checkbox"/> 12 – 36 Months
<input type="checkbox"/> Twins	<input type="checkbox"/> Male	<input type="checkbox"/> 12 – 48 Months
<input type="checkbox"/> Sibling Group	<input type="checkbox"/> Either	<input type="checkbox"/> 12 – 72 Months
		<input type="checkbox"/> 12 – 72 Months and Older
		Up to Age _____

If you checked sibling group, please specify the size of sibling group you are willing to accept: \_\_\_\_\_

Is the child you wish to adopt already known to you as an identified child?\*      Yes       No

If yes, is this child(ren) related to you?                      Yes                       No

If you are seeking to adopt an identified child please request the *Identified Child Information Form* from our office to complete and return.

**Expectations**

Please express your expectations on how long you believe an adoption should take and any other expectations on procedures that you are anticipating:

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**IT IS IMPORTANT TO NOTE**

I/We confirm that the information provided in their Application Form is accurate and current.

**X**

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Applicant 1

**X**

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Applicant 2

Along with your application form, we require:

- A brief, written biography with recent photos of yourself and your immediate family.
- A letter detailing the reasons why you hope to adopt, why you have chosen the country you hope to adopt from and what preparations you have completed already, if any.
- \$500.00 Application Fee (non-refundable). We accept personal cheques payable to Family by Adoption Inc. or credit card payment (there is a 3% bank service charge on all credit card transactions)

Family by Adoption Inc. will review your application for acceptability to the specific adoption program you are applying for. We will reply to you in writing stating the decision to accept or decline your application to our agency.

Once a family receives official notice in writing that an application is accepted, we will also provide directions on how to proceed in registering with the Agency.

**Please send this application back to Family by Adoption Inc. at the following address:**

Family by Adoption Inc.  
6 Garamond Court, Suite 230  
Toronto, Ontario  
M3C 1Z5  
Canada