

Adoption/Maternity Solutions
Adoption Interest Application



Date: _____

Applicant 1:

 LAST FIRST MIDDLE (Mr. Mrs. Ms)

Applicant 2:

 LAST FIRST MIDDLE (Mr. Mrs. Ms)

Address: _____
 STREET CITY STATE ZIP

Phone Numbers: _____
 HOME WORK (1) WORK (2)

Cell Numbers: _____
 CELL (1) CELL (2)

E-Mail Address _____

	Applicant (1)	Applicant (2)
Birth Date	_____	_____
Race/Ethnicity	_____	_____
Social Security Number	_____	_____
Occupation	_____	_____
Employer	_____	_____
Net Annual Income	_____	_____
Educational Background	_____	_____
Religious Affiliation	_____	_____
Date of Marriage (if applicable)	_____	_____

CHILDREN

Name	Date of Birth
_____	_____
_____	_____

Biological Adopted
 Biological Adopted

Adoption/Maternity Solutions

If you have adopted a child, from what agency did you adopt?



Why do you want to adopt?

Placement Preferences (Please prioritize your interest – 1, 2 or none)

- _____ Agency Program
_____ Networking Program
_____ Special Needs Program
_____ Domestic Home Study
_____ International Assistance Program

Check below the types of children you feel you could accept into your family.

- Age:** Infant **Race:** Black **Sex:** Male
 1 year- 5 years White Female
 6 years- 10 years Biracial
 Over 10 years Other

NUMBER OF CHILDREN: Single _____ Sibling Group _____

Have you applied elsewhere? _____ Place and Status _____

By whom were you referred? _____

Applicant (1)

Applicant (2)

Please return this application along with \$25.00 – non-refundable application fee

Canopy Children's Solutions/Adoption

P.O. Box 1078

Jackson, MS 39215-1078

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