



Application to Adopt

APPLICANT 1

Last Name First Middle

Other Names: Maiden or Previous Marriages

Birth Date and Place of Birth SS#

Height Weight

Race/Ethnicity Education

Occupation

Name of Employer

How Long Employed/Annual Income

APPLICANT 2

Last Name First Middle

Other Names: Maiden or Previous Marriages

Birth Date and Place of Birth SS#

Height Weight

Race/Ethnicity Education

Occupation

Name of Employer

How Long Employed/Annual Income

Address

Home Telephone

City County State Zip

Emergency Number

Cell Phone

Length of Residence
In County

Length of Residence
in State

Email Address

TYPE OF CHILD SEEKING TO ADOPT:

Age Range

Sex

Race

Number

CHILDREN IN FAMILY

Name	Date of Birth	School Grade	Biological/Adopted	Child's Residence

ALL OTHER MEMBERS OF HOUSEHOLD

Name	Date of Birth	School Grade or Occupation	Relationship

TWO RELATIVES IN CLOSE TOUCH WITH FAMILY

Name	Address	Relationship

REFERENCES

Name	Address	City/St/Zip	Telephone

ACTIVITIES IN WHICH YOU ARE INVOLVED: _____

Do you have an approved home assessment? Yes___ No___
If yes, date it was completed: _____

Have you ever been approved elsewhere for adoption? Yes___ No___
If yes, where: _____

Are you currently working with any other adoption agencies or attorneys? Yes___ No___
If yes, when and with what agency or attorney: _____

Has any member of your family been on probation, under investigation by a law enforcement agency/SRS or been convicted of child abuse, neglect, or a sexual offense? Yes___ No___
If yes, attach a sheet to explain the offense & to include the dates of any probation, investigation, or conviction. If investigated, what was the outcome?

Applicant 1 Signature

Date

Applicant 2 Signature

Date

**Scan and e-mail completed form to infantadoption@kcsl.org or mail to
Kansas Children's Service League, 3545 SW 6th, Topeka, Ks, 66606.**