

# COMMONWEALTH CATHOLIC CHARITIES

1024 Park Avenue, NW  
Norton, Virginia 24273  
(276) 679-0967

203 Twinridge Lane  
Richmond, VA 23235  
(804) 272-2235

820 Campbell Avenue, SW  
Roanoke, VA 24014  
(540) 344-5107

Email: SVC\_Adoptions@cccovirginia.org

Circle Only One Program: Domestic Adoption    Parental Placement    Special Needs  
International

## ALL INFORMATION IN THIS APPLICATION IS CONFIDENTIAL

Please read and answer all items very carefully

Surname: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code County

Home Telephone Number: \_\_\_\_\_ How long have you resided in the Virginia? \_\_\_\_\_  
Area Code & Number

Work Telephone Numbers: Applicant: \_\_\_\_\_ Area Code & Number  
Applicant: \_\_\_\_\_ Area Code & Number

E-Mail Address if available: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Please notify us if any changes occur in telephone numbers.

Number of persons living in the home: \_\_\_\_\_

Present Marriage: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month/Day/Year City State Church or Other

How were you referred to this Agency? \_\_\_\_\_

### Demographic Information

#### **Applicant:**

Full Name: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ U. S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Naturalized: \_\_\_\_\_  
Place Date

Race: \_\_\_\_\_

**ADOPTION APPLICATION/Page 2**

Education: High School Graduate Yes \_\_\_\_\_ No \_\_\_\_\_ If no, last grade completed: \_\_\_\_\_

Higher Education: 1 2 3 4 5 5+ (Please circle one)

Name of College: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Military Service:

Branch	Dates Served	Type of Discharge
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Occupation: (please describe) \_\_\_\_\_

Present Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Full Address: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Previous Employment (include military and other public service employment)

<u>Employer</u>	<u>Dates of Employment</u>	<u>Reason for Leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Affiliation: \_\_\_\_\_

**Applicant:**

Full Name: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ U. S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Naturalized: \_\_\_\_\_  
Place Date

Race: \_\_\_\_\_

**ADOPTION APPLICATION/Page 3**

Education: High School Graduate Yes \_\_\_\_\_ No \_\_\_\_\_ If no, last grade completed: \_\_\_\_\_

Higher Education: 1 2 3 4 5 5+ (Please circle one)

Name of College: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Military Service:

Branch	Dates Served	Type of Discharge
--------	--------------	-------------------

Occupation: (please describe) \_\_\_\_\_

Present Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_

Full Address: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Previous Employment (include military and other public service employment)

<u>Employer</u>	<u>Dates of Employment</u>	<u>Reason for Leaving</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious Affiliation: \_\_\_\_\_

**Children:**

Full Name	Date of Birth	Sex	Name of School and Grade Level	If adopted, give date of finalization & country of origin
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____



**PERSONAL DESCRIPTIONS**

Physical Description:

Name	Height	Weight	Eye Color	Hair Color	Complexion
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Applicant: \_\_\_\_\_

Applicant: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

Child: \_\_\_\_\_

If previously married, fill out the following:

Applicant: \_\_\_\_\_

To Whom: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

How Terminated: \_\_\_\_\_ Date and Place: \_\_\_\_\_

Applicant: \_\_\_\_\_

To Whom: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

How Terminated: \_\_\_\_\_ Date and Place: \_\_\_\_\_

Do you or any members of your immediate family have any medical condition or any permanent disabilities? If so, indicate nature of the disabilities:

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

Reason for childlessness (if applicable):

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

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Previous or Current Psychiatric Care, Hospitalization, or Psychological Counseling:

Name	Date	Place	Reason	Medication
Applicant:	_____	_____	_____	_____
Applicant:	_____	_____	_____	_____

Children:	Name	Date	Place	Reason	Medication
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**FINANCIAL REPORT**  
**Assets**

INCOME:  
Applicant: \_\_\_\_\_  
Gross Annual Income: \_\_\_\_\_ Other Income: \_\_\_\_\_  
Describe Other Income: \_\_\_\_\_  
Applicant: \_\_\_\_\_  
Gross Yearly Income: \_\_\_\_\_ Other Income: \_\_\_\_\_  
Describe Other Income: \_\_\_\_\_

INSURANCE:

<u>Type</u>	<u>Amount of Policy</u>
_____	_____
_____	_____
_____	_____

SAVINGS:

Amount	Institution
_____	_____
_____	_____
_____	_____

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**STOCKS AND BONDS:**

Total

Dividends

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**PROPERTY:**

Automobiles:                      Make                                      Year                                      Remaining Debt

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Homes:              Present Market Value              Down Payment              Monthly Payment              Remaining Debt

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**Liabilities**

Creditors              Use              Total Amount              Monthly Payment              Balance Due              Date Paid in Full

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Monthly Family Income: \_\_\_\_\_

Monthly Family Expenses: \_\_\_\_\_

Include mortgage payment, utilities, charge accounts, food, entertainment, etc.

Other: \_\_\_\_\_

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**CONVICTION DATA**

(Having a previous arrest does NOT automatically eliminate you as an adoptive candidate.)

Violation of law other than minor traffic violations:

Applicant: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details as follows:

Where arrested: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

Applicant: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details as follows:

Where arrested: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

**REFERENCES**

List four (4) people who have known you for a minimum of four (4) years. Your choices should reflect a variety of relationships. Please do not give relatives as references. **Be sure to include complete addresses, including zip codes.**

- | Name:    | Address: | Phone No: | Relationship: |
|----------|----------|-----------|---------------|
| 1. _____ | _____    | _____     | _____         |
| 2. _____ | _____    | _____     | _____         |
| 3. _____ | _____    | _____     | _____         |
| 4. _____ | _____    | _____     | _____         |

**Please include any other vital information on a separate sheet and attach it to this application.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

**THIS APPLICATION MUST BE ACCOMPANIED BY AN APPLICATION FEE OF \$150.00, which is non-refundable.**