



Collaborative Autobiography

Prospective Adoptive Parents Information

[A Collaborative autobiography needs to be completed by both prospective adoptive parents. Please type or print legibly.]

Full Legal Names Applicant #1:

Full Legal Names Applicant #2:

Please DESCRIBE YOUR MARTIAL RELATIONSHIP

When did you first meet each other: (month and year) _____ / _____ / _____

When did you began dating: _____ / _____ / _____

What is your wedding date: _____ / _____ / _____

In which City and State did you get married?

How did you meet your spouse/significant other:

What are the strengths of your marriage?

What has been the biggest challenge in your marriage?

How does Applicant # 1 Describe Applicant # 2?

How does Applicant # 2 Describe Applicant # 1

As a couple, how do you make decisions?

How do you handle conflicts?

ATTITUDES AND MOTIVATION TO ADOPT

Why do you want to adopt? Describe your motivation?

Have you experienced fertility issues? Yes [☐] No [☐]

If “Yes” above, what type of treatment did you pursue?

Do you have any close friends or family members who have been adopted or who have adopted?

Yes ☐ No ☐

If “Yes” above, please describe (to the best of your knowledge) who, their situation or circumstances surrounding the adoption? Was their experience a positive one? Did they experience challenges? Have you asked for their input or guidance regarding your adoption?

Do you plan to join any adoptive support groups? If so which groups?

ATTITUDES TOWARD PARENTING

How much time will you take off work at the time of the adoption?

Applicant # 1:

Applicant # 2:

What is your child care plan after returning to normal work schedule? Who will watch your child when you are working?

SOCIAL AND RELIGIOUS NETWORKS

Do you currently identify with any particular Religion?

Yes ☐ No ☐ If "Yes" Which Religion _____

Do you attend any particular church?

Yes ☐ No ☐ If "Yes" Name of your church _____

Are you members of this church? Yes ☐ No ☐

Do you actively attend this church? Yes ☐ No ☐

Do you plan to raise your adopted child in this church? Yes ☐ No ☐

CHILDREN CURRENTLY IN HOME

Please provide the following information for each child currently residing in your home:

Child #1 Full Legal Name:

Date of Birth: _____ Current Age: _____

City and State of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Child relationship to you: Biological: _____ Adopted: _____ Step Child: _____

Describe this child's personality

What are this child's interests?

Name of School currently attends:

Current Grade level: _____

How well does child perform?

Does child have any health problems? Yes ☐ No ☐

If yes, please describe:

Name of the doctor who will complete the child's medical form:

Describes your child's feelings about adoption plan:

How well do you think this child will adjust to the addition of an adopted child into the family?

Any additional information about this child that you think should be included?

Child #2 Full Legal Name:

Date of Birth: _____ Current Age: _____

City and State of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Child relationship to you: Biological: _____ Adopted: _____ Step Child: _____

Describe this child's personality

What are this child's interests?

Name of School currently attends:

Current Grade level: _____

How well does child perform?

Does child have any health problems? Yes ☐ No ☐

If yes, please describe:

Name of the doctor who will complete the child's medical form:

Describes your child's feelings about adoption plan:

How well do you think this child will adjust to the addition of an adopted child into the family?

Any additional information about this child that you think should be included?

Child #3 Full Legal Name:

Date of Birth: _____ Current Age: _____

City and State of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Child relationship to you: Biological: _____ Adopted: _____ Step Child: _____

Describe this child's personality

What are this child's interests?

Name of School currently attends:

Current Grade level: _____

How well does child perform?

Does child have any health problems? Yes [] No []

If yes, please describe:

Name of the doctor who will complete the child's medical form:

Describes your child's feelings about adoption plan:

How well do you think this child will adjust to the addition of an adopted child into the family?

Any additional information about this child that you think should be included?

Child #4 Full Legal Name:

Date of Birth: _____ Current Age: _____

City and State of Birth: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Child relationship to you: Biological: _____ Adopted: _____ Step Child: _____

Describe this child's personality

What are this child's interests?

Name of School currently attends:

Current Grade level: _____

How well does child perform?

Does child have any health problems? Yes ☐ No ☐

If yes, please describe:

Name of the doctor who will complete the child's medical form:

Describes your child's feelings about adoption plan:

How well do you think this child will adjust to the addition of an adopted child into the family?

Any additional information about this child that you think should be included?
