



Application Form

Information herein is confidential. Complete the application and return it to the Miriam Project with the application fee.

Date: _____

HUSBAND:

Last Name:	First:	Middle Name:
------------	--------	--------------

WIFE:

Last Name:	First:	Middle Name:
Maiden Name:		

ADDRESS:

Street:	City:	State:	Zip:
County:		How long at this address?	

E-MAIL ADDRESS:

Please add to E-mail update list:

	Yes:	No:
--	-------------	------------

Telephone:

Home: ()	Husband's Daytime ()	Wife's Daytime ()
-----------	-----------------------	--------------------

Marriage:

Date:	Place:
-------	--------

	HUSBAND	WIFE
Date of Birth		
Place of Birth		
Naturalization Serial No., Date and Place (if applicable)		
Social Security No.		
Race/Ethnic Background		
Religious Affiliation		
Education (Last degree received)		
School/College and Date Completed		
Number of Previous Marriages		
Marriage Termination Date(s)		
Have you ever been arrested?	Yes/No (circle one) If yes, please explain on additional pages.	Yes/No (circle one) If yes, please explain on additional pages.

WORK HISTORY: (Starting with current position & going back 10 years)

HUSBAND

Position	Employer	Dates of Employment

WIFE

Position	Employer	Dates of Employment

CHILDREN:

Name	Date of Birth	Adopted?	If not adopted, Biological Father	If not adopted, Biological Mother	Special Needs or Health Concerns?

OTHERS LIVING IN THE HOME:

Name	Date of Birth	Relationship to family	Special Needs or Health Concerns?

Have you ever had a Home Study completed before? Yes No
 If yes, was favorable or unfavorable? (circle one)

Have you ever applied for or adopted a child from another agency? Applied: Yes No
Adopted: Yes No

Have you ever applied for or provided any other parenting experiences such as Foster Care, Custody Studies, and/or Relative adoptions? Yes No If yes, please explain: _____

CHILD DESIRED:

Age Range:
Number of children desired for this adoption:
Are you willing to take: Sibling groups Yes No
Are you willing to take: A Special Needs Child Yes No

REFERENCES (Non Relative) :

Name	Street	City	State	Zip

1.				
2.				
3.				
4.				

(Be sure to include the minister/pastor from your faith community)

COMMENTS:

DIRECTIONS TO YOUR HOME:

We learned of the Miriam Project from _____

The following is The Miriam Project Statement of Faith. All applicants must sign this statement as part of the application process.

1. I affirm the Lordship of Jesus Christ.
2. I have a commitment to living a Christian lifestyle.
3. I endeavor to live in accordance with Biblical principles.
4. I am actively involved in a faith community.
5. I am committed to following the example of Christ in all I do, including parenting.
6. I endeavor to follow Christ in a way that I can model for my children a Christian lifestyle.

Signature of Husband

Date

Signature of Wife

Date

PREVIOUS ADDRESS (In last 10 years):

Last Name:

First Name:

Middle Initial:

Street: City: State: Zip:
County: How long at this address:

Last Name: First Name: Middle Initial:
Street: City: State: Zip:
County: How long at this address:

Last Name: First Name: Middle Initial:
Street: City: State: Zip:
County: How long at this address:

Last Name: First Name: Middle Initial:
Street: City: State: Zip:
County: How long at this address:

Last Name: First Name: Middle Initial:
Street: City: State: Zip:
County: How long at this address:

Last Name: First Name: Middle Initial:
Street: City: State: Zip:
County: How long at this address:

Last Name: First Name: Middle Initial:
Street: City: State: Zip:
County: How long at this address:

Last Name: First Name: Middle Initial:
Street: City: State: Zip:
County: How long at this address:

Miriam Project Data Collection Form

Name: _____ Date: _____

Husbands Family:

	Full Name	Age	Education	Occupation	Religion	Current Location
Father						
Mother						
Sibling						
Sibling						
Sibling						
Sibling						

Wife's Family:

	Full Name	Age	Education	Occupation	Religion	Current Location
Father						
Mother						
Sibling						
Sibling						
Sibling						
Sibling						

Living Accommodations

Number bedrooms	Number bathrooms	Type of Water	Type of Sewage system	Square Foot

How many fire extinguishers do you have in your home? _____

How many smoke detectors do you have in your home? _____

How far away is the closest Fire Station? _____ miles

How far away is the closest Police Station? _____ miles

How would you describe your neighborhood _____

How would describe the school system that the child would attend
