



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: _____

Wife:

Last Name: _____ First: _____ Middle: _____

Address:

Street: _____ City: _____ State: _____ Zip: _____

County: _____ How long at this address? _____

Email Address _____

Add to email update list?

Yes No

Telephone (w/ area code)

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 Number		
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 <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain on additional pages.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain on additional pages.

*****Failure to disclose information about an arrest, conviction, or history of substance abuse, sexual abuse, child abuse, or domestic violence by the prospective adoptive parents or another adult in the home may result in denial of application. Failure to cooperate with the Child Abuse Registry can have the same results.**

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?
	Enter Date	<input type="checkbox"/>			
	Enter Date	<input type="checkbox"/>			
	Enter Date	<input type="checkbox"/>			
	Enter Date	<input type="checkbox"/>			
	Enter Date	<input type="checkbox"/>			

Others Living in the Home:

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

Have you ever had a Home Study completed before? Yes No

If yes, was it favorable or unfavorable ?

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 <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to take: A Special Needs Child	Yes <input type="checkbox"/> No <input type="checkbox"/>

References (Non Relative):

Name	Email	Phone Number

(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.

Husband's Signature

Date

Wife's Signature

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?	

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

**Miriam Project
Data Collection Form**

Name: _____

Date: _____

Husband's 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 of Bedrooms	Number of Bathroom	Type of Water	Type of Sewage System	Square Footage

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 you describe the school system that the child would attend? _____

