

This Application form has been designed for you to print and mail to Lifetime Adoption.

Please send your completed application and photo to:



Lifetime Adoption  
Attn: Applications  
400 Idaho-Maryland Rd.  
Grass Valley, CA 95945  
(530) 271-1740

[Apply@LifetimeAdoption.com](mailto:Apply@LifetimeAdoption.com)

Once we have received your completed application and photo, you will be contacted by the email address provided to confirm that we received it. We will notify you via email within 1-5 business days.

If you have any questions please contact us by phone at (530) 271-1740 or by email at [Apply@LifetimeAdoption.com](mailto:Apply@LifetimeAdoption.com)



### ADOPTIVE FAMILY APPLICATION AND QUESTIONNAIRE

Please note that this application is confidential and is **not** shared with the birth parents. On occasion information on the following pages may be shared to help birth parents to better understand who you are. There is no right or wrong answers - just be yourself. Completing this questionnaire does not imply a commitment to or from Lifetime Adoption regarding your adoption process.

Today's Date \_\_\_\_\_

\_\_\_\_\_  
Husband's full name

\_\_\_\_\_  
Wife's full name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

\_\_\_\_\_  
Primary Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Work Phone (His)

\_\_\_\_\_  
Work Phone (Hers)

\_\_\_\_\_  
Cell Phone (His)

\_\_\_\_\_  
Cell Phone (Hers)

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Best Day & Time to Reach You

\_\_\_\_\_  
Date of Marriage

\_\_\_\_\_  
Place of Marriage

Are you in the Military? \_\_\_\_\_

If yes, List the State(s) of Residence: \_\_\_\_\_

Are one or both of you a US Citizen? \_\_\_\_\_

Please provide divorce date(s) if either previously married: \_\_\_\_\_

Number of children you have: \_\_\_\_\_

Age(s) of children: \_\_\_\_\_

**Besides the people listed on this application, is there anyone else living at your residency?**

If yes, please explain:

**How did you hear about Lifetime?** \_\_\_\_\_

**Have you ever been denied for a Home Study?**

If yes, please explain:

Have you previously contacted Lifetime before? \_\_\_\_\_

To help us determine your adoption timeframe, please tell us when you'll be ready to adopt?

- |  |   |
|--|---|
| <input type="checkbox"/> Today         | <input type="checkbox"/> 6 months to 1 year |
| <input type="checkbox"/> 3 to 6 months | <input type="checkbox"/> More than a year   |

What **type of child** are you interested in adopting? (Please check all that apply.)

**Age:**

- |   |   |
|---|---|
| <input type="checkbox"/> 0 to 3 months  | <input type="checkbox"/> 2 and 3 years  |
| <input type="checkbox"/> 3 to 12 months | <input type="checkbox"/> 3 and 4 years  |
| <input type="checkbox"/> 1 and 2 years  | <input type="checkbox"/> 5 years and Up |

**Racial preference:**

- |  |   |
|--|---|
| <input type="checkbox"/> Caucasian                 | <input type="checkbox"/> Asian/Caucasian            |
| <input type="checkbox"/> Hispanic                  | <input type="checkbox"/> African American           |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> African American/Caucasian |
| <input type="checkbox"/> Hispanic/African American | <input type="checkbox"/> Native American            |
| <input type="checkbox"/> Hispanic/Caucasian        | <input type="checkbox"/> East Indian                |
| <input type="checkbox"/> Middle Eastern            | <input type="checkbox"/> Any Race                   |
|  | <input type="checkbox"/> Other _____                |

**We are open to:**

- Twins
- Sibling Groups (to age) \_\_\_\_\_
- Special Needs

**Gender:**

- Boy
- Girl
- No preference

**Financial Limitations in Adoption**

*(THIS WILL NOT BE SHARED WITH THE BIRTH MOTHER)*

**What is your total combined income?** \_\_\_\_\_

**What is your complete adoption budget?** \_\_\_\_\_

(For example \$12,000 to \$18,000, \$14,000 to \$20,000, etc.)

This is for our office use only, to help determine guidelines for adoption situations that fit into your financial plan. The average Lifetime adoption costs between \$30,000 and \$35,000, including our fees, birth mother expenses, home study and legal fees.

If your state allows would you want to be considered for a birth mother that has expenses?

Yes  No

If so, how much?

Comments:

### **Adoptive Family Health:**

#### **Her Health –**

Do you have a current or past medical or mental health condition? If Yes, please explain:

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Have you ever had an alcohol or drug problem? If yes, please explain:

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#### **His Health –**

Do you have a current or past medical or mental health condition? If Yes, please explain:

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Have you ever had an alcohol problem? If yes, please explain:

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### **Criminal Background:**

#### **Her Criminal Record**

Have you ever been convicted of any crime, other than minor traffic violations?

**Please explain the details of your conviction:**

#### **His Criminal Record**

Have you ever been convicted of any crime, other than minor traffic violations?

**Please explain the details of your conviction:**

**A Little More About Them:**

Please tell us your reasons for adopting (infertility, age, etc.):

**Family's Religious Information**

We often receive specific requests from birth mothers wishing to find families who share their religious beliefs. Use as much space as you need to provide a thoughtful and thorough response to each of the questions below.

**Adoptive Mother's Religious Information**

Do you attend church?       **Yes**                       **No**

What church do you attend?

What is the denomination?

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**Share your spiritual beliefs (including thoughts on God, Jesus and the bible, etc):**

**Adoptive Father's Religious Information**

Do you attend church?       **Yes**                       **No**

What church do you attend?

What is the denomination?

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**Share your spiritual beliefs (including thoughts on God, Jesus and the bible, etc):**

## Employment:

His Employer: \_\_\_\_\_

His Occupation: \_\_\_\_\_

His highest level of education: \_\_\_\_\_

Her Employer: \_\_\_\_\_

Her Occupation: \_\_\_\_\_

Her highest level of education: \_\_\_\_\_

### Her Personal Information

Date of birth \_\_\_\_\_

U.S. citizen?  Yes  No Native American  Yes  No

Race/Nationality \_\_\_\_\_

### His Personal Information

Date of birth \_\_\_\_\_

U.S. citizen?  Yes  No Native American  Yes  No

Race/Nationality \_\_\_\_\_

We declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

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Adoptive Mother Signature

Date

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Adoptive Father Signature

Date

**Thank you for your interest in adopting through Lifetime Adoption's successful program!  
Your next step is to mail the application and a picture to the address provided on the first page.**

**We look forward to helping you find your baby!**