

Adoptive Family Information

Counselor: _____ Date: _____

Characteristics:

	Parent 1	Parent 2
First Name	_____	_____
Age	_____	_____
Race	_____	_____
Ethnicity	_____	_____
Education	_____	_____
Religion	_____	_____
Occupation	_____	_____
Hair/Eyes	_____	_____
Height/Weight	_____	_____
Health	_____	_____
Smoking	_____	_____
Alcohol	_____	_____
Years Married (if applicable)	_____	
Number of Previous Marriages (if applicable)	_____	_____

Child(ren): (if applicable)

Age _____ Race _____ Birth__ Adopted__ Male__ Female__

Age _____ Race _____ Birth__ Adopted__ Male__ Female__

Age _____ Race _____ Birth__ Adopted__ Male__ Female__

Home Information:

City _____ Suburb _____

Pets _____

Child Care Plan:
