

APPLICATION TO ADOPT

Please complete all parts of this application, which are applicable to you. This information shall be held in strict confidence.

PERSONAL INFORMATION	
Full Name of Applicant (s):	Mr/s. _____ Mr/s. _____
Home Address	
Mailing Address <i>(if different from above)</i>	
Directions to the home, if necessary	
Describe your home (i.e. house or apartment, number of rooms, play area, proximity to school and recreation areas)	
Telephone Number for Home	(506) _____ email address(optional) _____
Telephone Number for Business	Mr/s. (506) _____ Mr/s. (506) _____

ADOPTIVE APPLICANT #1		ADOPTIVE APPLICANT #2	
Given Name(s)	2 nd Name	Given Name(s)	2 nd Name
Birth Date	Place of Birth	Birth Date	Place of Birth
Citizenship	Social Insurance No.	Citizenship	Social Insurance No.
Medicare No.	Health Status	Medicare No.	Health Status
Language(s) Spoken	Language at Home	Language(s) Spoken	Language at Home
Religion		Religion	
Education		Education	
Name and Address of Physician		Name and Address of Physician	
Telephone No. (506)		Telephone No. (506)	

APPLICANT #1 (cont'd)	APPLICANT #2 (cont'd)
Interests and Community Activities	Interests and Community Activities
Pet(s) (Type & Name)	Pet(s) (Type & Name)
Marital Status:	Marital Status:
Date of Marriage:	Date of Marriage:
Place of Marriage:	Place of Marriage:
If applicant(s) are living in a common-law relationship, please state the date the common law relationship commenced.	

Date of Previous Marriage:	Date of Previous Marriage:
Date of Termination:	Date of Termination:
How the Marriage Terminated:	How the Marriage Terminated:
Verified: <input type="checkbox"/> yes <input type="checkbox"/> no	Verified: <input type="checkbox"/> yes <input type="checkbox"/> no
Present Occupation:	Present Occupation:
Name of Employer:	Name of Employer:
Address of Employment:	Address of Employment:
Telephone No. (506)	Telephone No. (506)
Gross Yearly Income:	Gross Yearly Income:
Length of Present Employment:	Length of Present Employment:

EMPLOYMENT HISTORY – FROM THE MOST RECENT TO THE OLDEST			
APPLICANT #1		APPLICANT #2	
Name of Employer	Type of work	Name of Employer	Type of work
Start Date	Location	Start Date	Location
End Date		End Date	
Reason for Leaving:		Reason for Leaving:	
Name of Employer	Type of work	Name of Employer	Type of work
Start Date	Location	Start Date	Location
End Date		End Date	
Reason for Leaving:		Reason for Leaving:	
Name of Employer	Type of work	Name of Employer	Type of work
Start Date	Location	Start Date	Location
End Date		End Date	
Reason for Leaving:		Reason for Leaving:	
Have you ever been convicted of a criminal offence? <input type="checkbox"/> yes <input type="checkbox"/> no		Have you ever been convicted of a criminal offence? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever been charged with a criminal offence? <input type="checkbox"/> yes <input type="checkbox"/> no		Have you ever been charged with a criminal offence? <input type="checkbox"/> yes <input type="checkbox"/> no	

The above shall be verified with the proper authorities. Please note that the possession of a criminal record will not necessarily prevent the consideration of this application.

FAMILY BACKGROUND

FATHER		FATHER	
Name:		Name:	
Address:		Address:	
Occupation:		Occupation:	
Education:		Education:	
Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor		Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor	
Age If deceased, date and cause of death		Age If deceased, date and cause of death	
MOTHER		MOTHER	
Name:		Name:	
Address:		Address:	
Occupation:		Occupation:	
Education:		Education:	
Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor		Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor	

Age If deceased, date and cause of death	Age If deceased, date and cause of death
---	---

* If more space is required please use a separate sheet and attach to this form

Brother (s) and/or Sister (s) of Applicant #1	Brother (s) and/or Sister (s) of Applicant #2
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Education:	Education:
Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor	Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
Age If deceased, date and cause of death	Age If deceased, date and cause of death
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Education:	Education:
Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor	Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
Age If deceased, date and cause of death	Age If deceased, date and cause of death
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Education:	Education:
Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor	Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
Age If deceased, date and cause of death	Age If deceased, date and cause of death
Name:	Name:
Address:	Address:
Occupation:	Occupation:
Education:	Education:
Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor	Health: <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
Age If deceased, date and cause of death	Age If deceased, date and cause of death

CHILDREN ALREADY IN THE HOME

NAME	DATE OF BIRTH	NATURAL, ADOPTED, STEP/FOSTER CHILD	HEALTH	NAME OF DAY CARE, OR SCHOOL AND MAILING ADDRESS	DAYCARE OPERATOR/ TEACHER'S NAME/ GRADE

Note: If you have school age children or children attending a daycare facility, the corresponding facility shall be contacted for a reference.

Are there any other children living outside the home? yes no

Present Whereabouts of these children:

ANY OTHER MEMBERS IN YOUR HOUSEHOLD: (relatives, lodgers, help, etc..)

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: Other members of your household who are 19 years of age or over must submit to a criminal record check.

Have you applied to adopt a child before? yes no

When? _____ Where? _____

Briefly state your reasons for applying to adopt a child.

REFERENCES

Please provide names and addresses of three (3) persons who know you and your spouse. Whenever possible, include one from each of the following categories:

- a) an individual who has known the applicant (s) for a minimum of two (2) years;
- b) an individual who has had an active association with the applicant (s) over the previous six (6) months;
- c) an individual who has had the opportunity to observe the applicants interact with children.

Note: Do not use relatives as a reference.

A married couple is considered as one reference.

Do not use applicants child(ren)s' school teacher(s) or daycare facility operators, they will be contacted for reference purposes in the future.

1.	Name of Reference	Telephone Number
		Home: (506) Business: (506)
	Complete Mailing Address:	
2.	Name of Reference	Telephone Number
		Home: (506) Business: (506)
	Complete Mailing Address:	
3.	Name of Reference	Telephone Number
		Home: (506) Business: (506)
	Complete Mailing Address:	

I/We have carefully read the foregoing and make the application to receive a child into my/our care in accordance with the terms thereof, with which I/we hereby agree. I/We understand that the information given to the Department of Social Development in the Province of New Brunswick, is given in strict confidence and it will not be disclosed to any other individual or department unless it is used to facilitate the placement of a child with me/us.

I/We consent to have all the necessary information pertaining to my/our adoption referred to the Infant Adoption Exchange Program in New Brunswick if we are interested in adopting a healthy infant 2 years of age or under.

Yes No

I/We consent to have all the necessary information pertaining to my/our adoption referred to the Provincial Central Registry if I/We are interested in an older, special needs child or sibling group in the Province of New Brunswick.

Yes No

I/We consent to have all the necessary information pertaining to my/our adoption, referred other authorized Provincial Government Departments providing adoption services if I/we are interested in a child(ren) from outside of New Brunswick.

Yes No

I/We consent to have all the necessary information pertaining to my/our adoption referred to the appropriate person if I/we are interested in an International Adoption.

Yes No

Your language or correspondence English French
Votre langue de correspondance

Dated this _____ (date) day of _____ (month), _____ (year)

Signature of Applicant #1

Witness

Signature of Applicant #2

Witness