

# Preliminary Application

American Adoptions

1.800.ADOPTION  
www.americanadoptions.com

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Marriage Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Contact: ☐ Parent 1 ☐ Parent 2

	Parent 1	Parent 2
Full Name (last, first, middle)		
Phone		
Email		
Preferred Contact Method	<input type="checkbox"/> Phone <input type="checkbox"/> Email	<input type="checkbox"/> Phone <input type="checkbox"/> Email
Date of Birth		
Gender		
Race		
Religion		
Occupation		
Position		
Annual Salary	\$	\$
Education Level		

- How did you hear about us? \_\_\_\_\_
- Have you started a home study? circle: Yes No If so, what is the date of completion? \_\_\_\_/\_\_\_\_/\_\_\_\_
- Home study provider: \_\_\_\_\_
- How many children do you have? \_\_\_\_\_
- Is your intent to become an adoptive parent? \_\_\_\_\_

I/We the adoptive family, willingly submit the \$295.00 fee with this application. I/We further recognize that American Adoptions Inc. is a licensed adoption agency and not an infertility counseling center; therefore I/we do not expect counseling regarding infertility. I/We further acknowledge that all fees are non-refundable unless otherwise noted. Please make checks payable to American Adoptions.

Signature: \_\_\_\_\_

Credit Card: (Master Card / Visa) Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Please mail or fax to: American Adoptions / 7500 West 110th Street / Suite 500 / Overland Park, KS 66210  
Fax: 913-383-1615