



Adoptive Family Application for Adoption

A Guardian Angel Adoptions, LLC accepts applicants regardless of race, ethnic background, religion, and marital status provided the applicants qualify under the provisions of Utah law and meet the requirements set by *A Guardian Angel Adoptions, LLC*.

General Information

Husband

Full Name _____ Age _____
Ethnic or Racial Background _____ Complexion _____
Height _____ Weight _____ Color of Eyes _____ Color of Hair _____
Social Security Number _____
Educational Background _____ Year Graduated _____
Name and Location of School _____
Degree Obtained _____
Occupation _____ Employer Name _____
Employer Address _____ City _____ State _____ Zip _____
Previous Employer Name _____
Address _____ City _____ State _____ Zip _____
Have you ever served in the Military? If yes which division and when? _____

Health Problems or Restrictions _____
Talents and Hobbies _____
Personality Traits _____
Activity in Your Church and Community _____
Describe Your Marriage _____
Describe Your Partner _____
Other Marriages if Applicable:
Date of Present Marriage _____ City _____ State _____ County _____
Date of Previous Marriage _____ Date of Divorce _____
Parenting Style _____
Have you ever had a felony or misdemeanor conviction? If yes please explain.

Primary Language Spoken _____ Other Languages _____

A Guardian Angel Adoptions, LLC P.O. Box 95902 South Jordan, Utah 84095

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Wife

Full Name _____ Age _____
Ethnic or Racial Background _____ Complexion _____
Height _____ Weight _____ Color of Eyes _____ Color of Hair _____
Social Security Number _____
Educational Background _____ Year Graduated _____
Name and Location of School _____
Degree Obtained _____
Occupation _____ Employer Name _____
Employer Address _____ City _____ State _____ Zip _____
Previous Employer Name _____
Address _____ City _____ State _____ Zip _____
Have you ever served in the Military? If yes which division and when? _____

Health Problems or Restrictions _____
Talents and Hobbies _____
Personality Traits _____
Activity in Your Church and Community _____
Describe Your Marriage _____
Describe Your Partner _____
Other Marriages if Applicable:
Date of Present Marriage _____ City _____ State _____ County _____
Date of Previous Marriage _____ Date of Divorce _____
Parenting Style _____
Have you ever had a felony or misdemeanor conviction? If yes please explain.

Primary Language Spoken _____ Other Languages _____

Children In Your Family

Full Given Name _____ Gender _____ Age _____ Place
of Birth (City, County, State) _____ Biological or
Adopted _____ Race _____ Hair Color _____ Eye Color _____
Complexion _____ School Name _____ Grade _____

Full Given Name _____ Gender _____ Age _____ Place
of Birth (City, County, State) _____ Biological or
Adopted _____ Race _____ Hair Color _____ Eye Color _____
Complexion _____ School Name _____ Grade _____

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Full Given Name _____ Gender _____ Age _____ Place of Birth (City, County, State) _____ Biological or Adopted _____ Race _____ Hair Color _____ Eye Color _____ Complexion _____ School Name _____ Grade _____

Full Given Name _____ Gender _____ Age _____ Place of Birth (City, County, State) _____ Biological or Adopted _____ Race _____ Hair Color _____ Eye Color _____ Complexion _____ School Name _____ Grade _____

Financial Information

Household Income Per Month _____
Total Debts Per Month _____
Home Value _____
Total Home Mortgage _____
Child Support _____
Savings _____

Life Insurance

Husband ~ Amount _____ Policy Holder _____
Wife ~ Amount _____ Policy Holder _____

Adoption Budget _____ Source _____
Can you verify these funds? Y N

Contact Information

Address _____
City _____ State _____ Zip _____
Home Phone _____ Fax _____
Wife Work Phone _____ Wife Cell Phone _____
Husband Work Phone _____ Husband Cell Phone _____
Email Address _____

Please provide a current email address. We will use this method of contact as we receive paperwork.

I/We certify that the above information is true and accurate to the best of our knowledge. I/We understand that the receipt of an application by *A Guardian Angel Adoptions, LLC* does not constitute a contract of any type. It is simply an application. There is no guarantee that *A Guardian Angel Adoptions, LLC* will place a child with us.

Signature of Applicant Date

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Signature of Applicant

Date

Child Preferences

	Birth Mother		Child	
	Yes	No	Yes	No
Alcohol Use				
AIDS/HIV				
Sickle cell anemia				
Cerebral Palsy				
Diabetes				
Downs Syndrome				
Depression				
Bi-Polar Disorder				
Schizophrenia				
Learning disabilities				
Drug Use				
Smoking				
Premature birth				
Sexually transmitted disease				

We would accept a child from the following ethnic group:

Caucasian	Y	N
Hispanic	Y	N
Asian	Y	N
African American	Y	N

If you could consider a biracial child which mixes would you consider? _____

Do you have a gender preference? Y N
If yes, what is your preference? _____

What kind of a placement are you interested in? Open Semi Open Closed

Definition of Adoption Plans:

- Open Adoption: Family and birth mother share identifying and non-identifying information. Phone calls and visits are common.
- Semi-open: Non-identifying information is shared. Pictures and letters are exchanged through the agency. The parties meet prior to placement but not after.
- Closed: No information is given to either party. The parties never meet. Very seldom will a birth mother request a closed adoption.

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