



## Adoptive Family Information Non-Identifying Sheet

### Husband

First Name \_\_\_\_\_ Age \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_  
Educational Background \_\_\_\_\_  
Occupation \_\_\_\_\_ Health \_\_\_\_\_  
Hobbies \_\_\_\_\_ Ethnic  
or Racial Background \_\_\_\_\_  
Activity in Your Church and Community \_\_\_\_\_  
Describe Your Marriage \_\_\_\_\_  
Describe Your Partner \_\_\_\_\_  
Parenting Style \_\_\_\_\_ Hopes  
and Dreams for Your Child \_\_\_\_\_ Personality  
Traits \_\_\_\_\_

### Wife

First Name \_\_\_\_\_ Age \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_  
Educational Background \_\_\_\_\_  
Occupation \_\_\_\_\_ Health \_\_\_\_\_  
Hobbies \_\_\_\_\_ Ethnic  
or Racial Background \_\_\_\_\_  
Activity in Your Church and Community \_\_\_\_\_  
Describe Your Marriage \_\_\_\_\_  
Describe Your Partner \_\_\_\_\_  
Parenting Style \_\_\_\_\_ Hopes  
and Dreams for Your Child \_\_\_\_\_ Personality  
Traits \_\_\_\_\_

### Both

Plans for Child Care \_\_\_\_\_  
Relationship with Extended Family \_\_\_\_\_ What Part of the  
Country Do You Live In? \_\_\_\_\_ Degree of Openness Desired in  
Your Adoption \_\_\_\_\_

**Children In Your Family**

First Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Biological or Adopted \_\_\_\_\_ Race \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Complexion \_\_\_\_\_

First Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Biological or Adopted \_\_\_\_\_ Race \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Complexion \_\_\_\_\_

First Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Biological or Adopted \_\_\_\_\_ Race \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Complexion \_\_\_\_\_

First Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Biological or Adopted \_\_\_\_\_ Race \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Complexion \_\_\_\_\_

First Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Biological or Adopted \_\_\_\_\_ Race \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Complexion \_\_\_\_\_