



Adoptive Family Application

A Guardian Angel Adoptions, LLC does not discriminate based on gender, race, religion, or marital status. A Guardian Angel Adoptions, LLC seeks to find adoptive parents meeting the standards of our agency, the requirements of the Utah Department of Licensing as well as the requests of our expectant mothers.

Contact Information

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Parent #1 Work Phone _____ Parent #1 Cell Phone _____

Parent #2 Work Phone _____ Parent #2 Cell Phone _____

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

Adoptive Parent #1

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 branch and when? _____

Health Problems or Restrictions _____

Talents and Hobbies _____

Personality Traits _____

Activity in Your Church and Community _____

Describe Your Marriage _____

Describe Your Partner _____

Date of Present
Marriage _____ City _____ State _____ County _____

Other Marriages if Applicable:

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 _____

Adoptive Parent #2

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 branch and when? _____

Health Problems or Restrictions _____

Talents and Hobbies _____

Personality Traits _____

Activity in Your Church and Community _____

Describe Your Marriage _____

Describe Your Partner _____

Date of Present
Marriage _____ City _____ State _____ County _____

Other Marriages if Applicable:

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 _____

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 Payments Per Month Including Child Support _____

Home Value _____

Total Home Mortgage _____

Savings Including Retirement Accounts _____

Life Insurance

Adoptive Parent #1- Amount _____ Policy Holder _____

Adoptive Parent #2- Amount _____ Policy Holder _____

Adoption Budget _____ Source _____

Can you verify these funds? Y N

Child Preferences

We would accept a child from the following ethnic group:

Caucasian Y N

Hispanic Y N

Asian Y N

Black Y N

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

How do you feel about drug exposure? _____

Which drugs would you be open to a birth mother using? _____

Do you have a gender preference? Y N

If yes, what is your preference? _____

Openness

Which kind of placements are you open to? Open Semi Open Closed

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 #1

Date

Signature of Applicant #2

Date