

JAMES 1:27 FUND APPLICATION

Date _____

ADOPTIVE FATHER'S INFORMATION

Name:

Date of Birth:

Phone:

Current Address:

City:

State:

ZIP Code:

ADOPTIVE MOTHER'S INFORMATION

Name:

Date of Birth:

Phone:

Current Address:

City:

State:

ZIP Code:

HAVE YOU IDENTIFIED ANY SPECIFICS FOR THIS ADOPTION

LIST CHILDREN IN FAMILY

ADOPTIVE FATHER'S EMPLOYMENT INFORMATION

Current Employer:

Employer Address:

How Long?

Phone:

E-mail:

Fax:

City:

State:

ZIP:

Position:

Annual Income:

ADOPTIVE MOTHER'S EMPLOYMENT INFORMATION

Current Employer:

Employer Address:

How Long?

Phone:

E-mail:

Fax:

City:

State:

ZIP:

Position:

Annual Income:

CHURCH YOU ATTEND

Name of Church & Pastor:

Address:

Phone:

City:

State:

ZIP:

Denomination:

TESTIMONY OF FAITH

Adoptive Father and Mother, please attach a brief paragraph of your statement of faith on a separate sheet of paper

ADOPTION PROCESS		
Name of Adoption Agency:		
Approval Date:		
Have you completed your home study? <input type="radio"/> Yes <input type="radio"/> No		If Yes, Date:
Expected Date of Travel:		
Expected Expenses (travel, fees, etc.):		
REFERENCES OF TWO INDIVIDUALS NOT RELATED TO YOU		
Name	Address	Phone
SIGNATURES		
All information contained in this application is accurate to the best of our knowledge. By signing I consent to have a background check completed by Friendship Baptist Church.		
Adoptive Father	Date	
Adoptive Mother	Date	

Please provide a photo of your family and prospective adopted child, if possible.

RETURN APPLICATION & DOCUMENTS TO:

Mail: 14100 East 86th Street North, Owasso OK 74055

Email: info@friendshipowasso.com

Fax: 918-272-2365

Your application will be reviewed and you will be contacted for an interview.

If you decide not to adopt, or your adoption is disrupted for any reason we ask that you return any grant money so that we may assist other families with the cost of adoption.