

# Baby Steps International Adoption

*"building loving families one step at a time"*

Date Received \_\_\_\_\_

Date Approved/Denied \_\_\_\_\_

Date Fee Received \_\_\_\_\_

## APPLICATION

Please complete the application and fax to (775) 882-2259

### Personal Information

Adoptive Parent #1 Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### Adoptive Parent #1

#### Spouse

SSN \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Citizenship \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

How long? \_\_\_\_\_

How long? \_\_\_\_\_

Annual Salary \_\_\_\_\_

Annual Salary \_\_\_\_\_

Previous Marriages?    YES    NO

Previous Marriages?    YES    NO

If so, how many? \_\_\_\_\_

If so, how many? \_\_\_\_\_

Ever Arrested? \_\_\_\_\_

Ever Arrested? \_\_\_\_\_

If so, please attach a full explanation

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963 Topsy Lane, Suite 306-350 • Carson City, Nevada 89705

(775) 882-2258 (telephone) • (775) 882-2259 (fax) • [information@babysteps-adoption.com](mailto:information@babysteps-adoption.com)

### Personal References

Please provide us with the names, addresses, telephone numbers, and email addresses of three people who have known you for at least three years.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Adoption Plans

Please tell us about your motive to adopt \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are first time parents, are you open to a child of either gender? \_\_\_\_\_

If you have a gender preference, please state \_\_\_\_\_

Age of the child you hope to adopt \_\_\_\_\_

Health status of the child you hope to adopt (i.e. healthy/mild correctable conditions) \_\_\_\_\_  
\_\_\_\_\_

The information provided in this application is complete and accurate to the best of our knowledge.

Adoptive Parent #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Adoptive Parent #2 Signature \_\_\_\_\_ Date \_\_\_\_\_