

Adoption is the Loving Option Application Form

Husband's Full Name: _____ Age ____ Date of Birth _____

Wife's Full Name: _____ Age ____ Date of Birth _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email address (es): _____

Length of Marriage: _____

Name and ages of children in family: _____

Have you adopted previously? Yes ____ No ____

If yes, names and ages: _____

Member of St. Bernard's _____ St. Bridget's _____ (please check)

Adoption Agency Name and Address: _____

Adoption Agency Contact and Phone Number: _____

Please answer the following (on separate sheet). Both husband and wife should respond.

Explain your personal statement of faith? How has God led you to adopt?

Please provide the details of your adoption fees:

Application Fee: _____

Home Study Fees: _____

Program Fees (Adoption) _____

Program fees (Pregnancy) _____

Legal Fees _____

Other Fees and expenses _____

TOTAL _____

Please return this completed form to St. Bernard's Catholic Church:

If you have questions: call the parish office at 507-533-8257