



Please return this form with a **\$150.00** check to:  
 Crisis Pregnancy Outreach  
 Cheryl Bauman, Director  
 P.O. Box 1113  
 Jenks, OK 74037  
 918-296-9992

## CPO ADOPTION APPLICATION FORM

**Instructions:** Please type or print. Use a separate sheet if more space is needed for any item. Return your application to us within 30 days, attaching a **snapshot of your family**. This application will not be valid without it. Please notify us **immediately** if you move, receive a child from another source, become pregnant or decide to discontinue the adoption process.

Date: \_\_\_\_\_

Family Name		Phone Number:	
Full Address			Zip Code _____

### Husband

Full Name:			
Cell phone		Pager	
E-Mail:			
Birth date		Birthplace	
Race		Are you a U.S. Citizen?	Yes    No

<b>Physical Description:</b>		Height	
Hair color		Weight	

<b>Education</b>		High School Diploma?	Yes    No
Higher Education?		Degree	
Occupation		Annual Income	
Place of employment		Phone no	

Give dates and employment during the last ten years: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been arrested in violation of the law?	Yes	No
If yes, Please Explain:		
U.S. Military Service	From: _____	To: _____
Rank		
Type of discharge		

<b>Wife</b>				
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Full Name:				
Cell phone		Pager		
E-Mail:				
Birth date		Birthplace		
Race		Are you a U.S. Citizen?	Yes	No

<b>Physical Description:</b>		Height		
Hair color		Weight		

<b>Education</b>		High School Diploma?	Yes	No
Higher Education?		Degree		
Occupation		Annual Income		
Place of employment		Phone no		

Give dates and employment during the last ten years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested in violation of the law?	Yes	No
If yes, Please Explain:		

<b>Marriage</b>				
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Date you were married		Place		County		
By whom		Has there been a previous marriage		For husband	For wife	
				Yes	No	Yes
				No	Yes	No

If there has been a previous marriage for either husband or wife, please use the back or additional sheets to explain the following: 1.Name of former mate; 2.Date of former marriage and place; 3.Is he or she living, remarried? 4. Please state as best as you can the reasons for the divorce.

<b>Family</b>			
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Give names and birthdates of your children, including children from a previous marriage. Give addresses of children only if they live away from home:

Name	Sex	Birth date	Address

<b>Financial</b>			
Combined current income of husband and wife			
What is the monetary value of the home you live in		Own	Rent
Monthly rent or mortgage payment		How many bedrooms are in your home	
If you own your home, what is the equity		Is there a second mortgage	
		If so, how much	

Other than your home, list your assets:			
Investments			
Property			
Savings			
What is your debt beside your house? (Include credit cards, school loans, automobiles, etc.)			
Life Insurance Policy Values		Husband \$	
		Wife \$	
Are you covered by health and accident insurance?	Yes	No	
What Company?			
Will your health insurance cover a baby, immediately at birth?	Yes	No	
If not, when will it go into effect?			

<b>Health</b>			
Health of husband (Be specific)			
Health of wife (Be specific)			
Health of children (Be specific)			
Do you smoke?	Husband		Wife
Do you drink alcoholic beverages?	Husband		Wife
Name and address of family doctor:			
Give name and addresses of other doctor(s) currently treating any family member:			

<b>Spiritual</b>			
Home church (Name and address)			
Name, address, and phone number of pastor:			
How often do you attend church?	Sunday Morning	Sunday Night	Wednesday Night
	Sunday School		
Please explain if one or both do not attend church regularly			
Please give information below concerning your spiritual background, including how long you have been a Christian (Born again according to John 3:3), and what part God plays in your life			
Husband:			
_____			
_____			





## Adoption Preference Sheet

<i>Please indicate your level of acceptance in adopting a child who is</i>	<i>Acceptable</i>		<i>Willing to Discuss</i>	<i>Not Acceptable</i>
Caucasian				
Hispanic				
African American				
American Indian				
Asian				
Half Caucasian/Half African American				
Half Caucasian/ Half Other				
Do either of you have any American Indian ancestry?	Yes	No	Description:	
If you have a roll card, please enclose a copy.				
<b>Acceptable Ages</b>				
Infant (Newborn-6mo)	Yes	No	Maybe	
Age 6mo-2yrs	Yes	No	Maybe	
Age 2yrs-6yrs	Yes	No	Maybe	
Age 6yrs-10yrs	Yes	No	Maybe	
Age 10yrs-16yrs	Yes	No	Maybe	
Specific Gender? (N/A for newborn)	Male	Female	Either	
Would you be willing to adopt	Just one child	More than one child		
<b>Other Issues</b>				
Minor Physical Problems	Yes	No	Maybe	
Major Physical Problems	Yes	No	Maybe	
Minor Emotional Problems	Yes	No	Maybe	
Major Emotional Problems	Yes	No	Maybe	
Minor Mental Retardation	Yes	No	Maybe	
Major Mental Retardation	Yes	No	Maybe	

How do you plan on paying for this adoption	
Who referred you to Crisis Pregnancy Outreach?	
Please state the reason for your infertility	
Please give two names and phone numbers of friends or relatives who would know how to reach you:	

Crisis Pregnancy Outreach is no longer accepting applications from families who are planning to use “Ezzo” parenting techniques, as taught in classes entitled “Growing Kid’s God’s Way”. (8-1-01)

**REQUIRED READING:** We would like for you to read **The Baby Book** by Dr. William Sears and **Arms Wide Open: An Insight into Open Adoption**, by Jane Waters.