



A Chosen Child Adoption Services

A SOUTH CAROLINA ADOPTION AGENCY AND NON-PROFIT CORPORATION

ADOPTIVE PARENTS PROFILE

	FATHER	MOTHER
Race and/or Ancestry:		
Height:		
Weight:		
Hair Color:		
Eye Color:		
Complexion:		
Body Build:		
Education:		
Occupation:		
Church Denomination:		
Hobbies and Interests		

A. Activities we do together?

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Mailing Address

PO Box 50637

Summerville, South Carolina 29485-0637

Telephone

(843) 851-4004

Internet

Email: info@ACCAAdoptionServices.com

www.ACCAAdoptionServices.com

B. Number of years married? _____

C Previously married? (H) _____ (W) _____

D. Does mother work? _____

E. How long will parent(s) stay home after placement? _____

F Explain day care arrangements if applicable.

G. Provide gender and age of any biological children who live at home.

H. Home setting; rural or city? _____

I. Provide information on pets if any; kind and how many.

J. Why Do you want to adopt a child? (H)

K. Why Do you want to adopt a child? (W)

Signature

Signature

Name

Name

Date

Date