CK Family Name (first and last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I/we are interested in pursuing the adoption of the child(ren) below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Child Name: |  | DOB: |  |
| Child Name: |  | DOB: |  |
| Child Name: |  | DOB: |  |
| Child Name: |  | DOB: |  |

I/we hereby authorize CK Family Services to request a written reference from the following people:

1. **The following individual(s) has agreed to provide responsibility for the above child(ren) as the legal guardian in the event of my/our death:**

Guardian Name: Relationship:

Day time phone: Email address:

**B. List three (3) references who have observed your interaction with the potential adoptive child(ren) and can speak regarding your family and this adoption:**

1. Name: Relationship:

Day time phone: Email address:

2. Name: Relationship:

Day time phone: Email address:

3. Name: Relationship:

Day time phone: Email address:

**C. Adult Children/Minor Children (outside the home):**

**[ ]** I/We do not have any minor child 12 + years of age and/or adult child(ren) no longer in the home.

[ ]  I/We do have: [ ]  Minor child (ren) 12 years of age or older. (*complete below*)

**[ ]** Adult child (ren) no longer living in the home *(complete below)*

Name: Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day time phone: Email address:

Name: Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day time phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address:

Name: Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day time phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Date Signature of Parent Date