



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Adoption Act. Under certain circumstances, the collected information may be subject to disclosure as per the Adoption Act and/or the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be directed to the office of Adoption Services (250)387-3660.

If you are filling out this form by hand, please print clearly using ink.

SECTION 1

APPLICANT A (if more space is required, please attach separate sheets)

Form with fields for: LAST NAME, GIVEN NAMES, ALSO KNOWN AS, HOME ADDRESS, CITY/TOWN, PROVINCE, POSTAL CODE, HOME PHONE NUMBER, WORK PHONE NUMBER, CELL PHONE NUMBER, EMAIL ADDRESS, MAILING ADDRESS, BIRTH DATE, BIRTH PLACE, CITIZENSHIP, EDUCATION, PRESENT EMPLOYMENT, MARTIAL STATUS (Single, Married, Common-Law), and a section for marriage details.

WORK HISTORY FOR THE PAST FIVE YEARS

Table with 3 columns: NAME OF EMPLOYER, FROM (YYYY/MM/DD), TO (YYYY/MM/DD)

CULTURAL AND RACIAL HERITAGE

Form with questions: 'What do you consider as your cultural/racial heritage?', 'Do you consider yourself to have Aboriginal ancestry?', and 'Do you consider yourself Aboriginal? If YES, identify your Aboriginal culture group or First Nation, if known: (e.g. Coast Salish, Nuu Chah-nulth, Nisga'a)'

RELIGION/SPIRITUAL VALUES/BELIEF SYSTEM

Form with questions: 'Describe your religion/spiritual values/belief system' and 'With what religion/spiritual values/belief system will the child be raised?'

INTERESTS/HOBBIES

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ADDITIONAL INFORMATION

Have you ever applied to adopt before this application? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE	DATE (YYYY/MM/DD)
Have you lived in another province? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES provide information on the following row ↴	
CITY/TOWN	PROVINCE
Have you lived outside of Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES provide information on the following row ↴	
CITY/TOWN	COUNTRY
Have you ever been involved with a child welfare agency in another jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE	APPROXIMATE TIMELINES
Have you ever had a child in your care that was found to be in need of protection under the child welfare laws of any jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently registered with an Adoption Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide the name of the agency:
Why do you want to adopt through MCFD?	

TOTAL FINANCES

MONTHLY INCOME	\$	
SAVINGS	\$	
OTHER INVESTMENTS (real estate, face amount of life insurance)	\$	
TOTAL MONTHLY PAYMENTS (including mortgage and/or rent)	\$	
TOTAL DEBTS	\$	
Does your family have medical coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO		

APPLICANT B (if more space is required, please attach separate sheets)

LAST NAME	GIVEN NAMES		
ALSO KNOWN AS (including maiden or previous name(s) if applicable)			
HOME ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE
HOME PHONE NUMBER ()	WORK PHONE NUMBER ()	CELL PHONE NUMBER ()	EMAIL ADDRESS
MAILING ADDRESS (if different)			
BIRTH DATE (YYYY/MM/DD)	BIRTH PLACE	CITIZENSHIP	
EDUCATION			

PRESENT EMPLOYMENT		
MARTIAL STATUS		
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common-Law
If you've selected Married or Common-Law , provide the date that you were married or commenced living common-law and where you were married.		
DATE (YYYY/MM/DD)	CITY/TOWN	PROVINCE

WORK HISTORY FOR THE PAST FIVE YEARS

NAME OF EMPLOYER	FROM (YYYY/MM/DD)	TO (YYYY/MM/DD)

CULTURAL AND RACIAL HERITAGE

What do you consider as your cultural/racial heritage?	Do you consider yourself to have Aboriginal ancestry? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you consider yourself Aboriginal? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, identify your Aboriginal culture group or First Nation, if known: (e.g. Coast Salish, Nuw Chah-nulth, Nisga'a)



RELIGION/SPIRITUAL VALUES/BELIEF SYSTEM

Describe your religion/spiritual values/belief system
With what religion/spiritual values/belief system will the child be raised?

INTERESTS/HOBBIES

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ADDITIONAL INFORMATION

Have you ever applied to adopt before this application? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE	DATE (YYYY/MM/DD)
Have you lived in another province? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES provide information on the following row 
CITY/TOWN	PROVINCE
Have you lived outside of Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES provide information on the following row 
CITY/TOWN	COUNTRY
Have you ever been involved with a child welfare agency in another jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WHERE	APPROXIMATE TIMELINES
Have you ever had a child in your care that was found to be in need of protection under the child welfare laws of any jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently registered with an Adoption Agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide the name of the agency:
Why do you wish to adopt through MCFD?	

TOTAL FINANCES

MONTHLY INCOME	\$
SAVINGS	\$
OTHER INVESTMENTS (real estate, face amount of life insurance)	\$
TOTAL MONTHLY PAYMENTS (including mortgage and/or rent)	\$
TOTAL DEBTS	\$
Does your family have medical coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 2

CHILDREN OF EITHER APPLICANT (Includes adult children)

GIVEN NAMES	BIRTH DATE (YYYY/MM/DD)	RESIDES IN APPLICANT'S HOUSEHOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 3

OTHER ADULT MEMBERS OF THE HOUSEHOLD (e.g., boarders, relatives)

LAST NAME	GIVEN NAMES	RELATIONSHIP TO APPLICANT

SECTION 4

REFERENCES

A minimum of four references are required, including one from each of the following:

- 1) an individual who has known the applicant(s) for a minimum of 2 years;
- 2) an individual who has had an active association with the applicant(s) over the previous 6 months;
- 3) an involved member of the applicant(s) extended family; and
- 4) if there are any adult children living outside of the home, at least one of these children.
(if there are no adult children, please include another reference from #2)

NAME		TELEPHONE NUMBER ()
ADDRESS	CITY/TOWN	POSTAL CODE

NAME		TELEPHONE NUMBER ()
ADDRESS	CITY/TOWN	POSTAL CODE

SECTION 4

REFERENCES continued

NAME		TELEPHONE NUMBER ()
ADDRESS	CITY/TOWN	POSTAL CODE

NAME		TELEPHONE NUMBER ()
ADDRESS	CITY/TOWN	POSTAL CODE

SECTION 5

DECLARATIONS AND CONSENT

I/We declare that the information provided by me/us in this application is accurate to the best of my/our knowledge and I/we have not omitted any information requested. I/We will inform the ministry of any significant changes to the information provided.

By signing this document, I/We consent to the disclosure of any information in the control of the Ministry of Children and Family Development about me/us, in relation to any services I/we have received or contact I/we have had with the Ministry to a Director of Adoption or their designated service provider to administer the *Adoption Act*. This consent is valid for the duration of this adoption application. I/we may withdraw my/our consent by providing written confirmation of withdrawal of the application to adopt.

SIGNATURE OF APPLICANT A	DATE (YYYY/MM/DD)	SIGNATURE OF APPLICANT B	DATE (YYYY/MM/DD)
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When you have completed this form, please return it to an MCFD district office. Contact your adoption worker or Adoption Services (250)387-3660 to obtain the mailing address if one is not indicated below.

<h1>OFFICE USE ONLY</h1>

Information on this form will be used for the sole purpose of your application to adopt.