



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 Director, Information, Privacy and Records Services Branch, (250)387-0820, PO Box 9702, Stn Prov Govt, Victoria, B.C. V8W 9S1.

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

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

Form with fields: LAST NAME, GIVEN NAMES, ALSO KNOWN AS, HOME ADDRESS, CITY/TOWN, PROVINCE, POSTAL CODE, HOME PHONE NUMBER, WORK PHONE NUMBER, MAILING ADDRESS, BIRTH DATE, BIRTH PLACE, CITIZENSHIP, EDUCATION, PRESENT EMPLOYMENT.

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 fields: WHAT DO YOU CONSIDER AS YOUR CULTURAL/RACIAL HERITAGE?, DO YOU CONSIDER YOURSELF TO HAVE ABORIGINAL ANCESTRY?, DO YOU CONSIDER YOURSELF ABORIGINAL?, IF YES, IDENTIFY YOUR ABORIGINAL CULTURE GROUP OR FIRST NATION, IF KNOWN.

RELIGION/SPIRITUAL VALUES/BELIEF SYSTEM

Form with fields: DESCRIBE YOUR RELIGION/SPIRITUAL VALUES/BELIEF SYSTEM, WITH WHAT RELIGION/SPIRITUAL VALUES/BELIEF SYSTEM WILL THE CHILD BE RAISED.

INTERESTS/HOBBIES

Have you ever applied to adopt before this application? YES NO

WHERE	DATE (YYYY/MM/DD)
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PART B APPLICANT (if more space is required, please attach separate sheets)

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

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, Nuu 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

Have you ever applied to adopt before this application? YES NO

WHERE	DATE (YYYY/MM/DD)
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PART C CHILDREN OF EITHER APPLICANT

LAST NAME	GIVEN NAMES	BIRTHDATE (YYYY/MM/DD)	ADDRESS

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? YES NO

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

LAST NAME	GIVEN NAMES	RELATIONSHIP TO APPLICANT

PART E TOTAL FAMILY FINANCES

MONTHLY INCOME	\$
SAVINGS	\$
OTHER INVESTMENTS (real estate, face amount of life insurance)	\$
TOTAL MONTHLY PAYMENTS (including mortgage and rent)	\$
TOTAL DEBTS	\$

Does your family have medical coverage? YES NO

PART F REFERENCES

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

- 1) an individual who has known you for a minimum of 2 years;
- 2) an individual who has had an active association with you over the previous 6 months;
- 3) an involved member of your extended family; and
- 4) if there are any adult children living outside of the home, a reference from or an interview with 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

NAME		TELEPHONE NUMBER ()
ADDRESS	CITY/TOWN	POSTAL CODE

NAME		TELEPHONE NUMBER ()
ADDRESS	CITY/TOWN	POSTAL CODE

Are you currently registered with an Adoption Agency? YES NO

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 ACKNOWLEDGE THAT I AM/WE ARE CONSENTING TO THE DISCLOSURE OF ALL INFORMATION IN THE CUSTODY AND CONTROL OF THE MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT TO MY/OUR WORKER. THIS CONSENT IS VALID FOR ONE YEAR FROM DATE OF SIGNATURE.

SIGNATURE OF APPLICANT	DATE (YYYY/MM/DD)	SIGNATURE OF APPLICANT	DATE (YYYY/MM/DD)
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When you have completed this form, please return it to the district office noted below

DISTRICT OFFICE	
ADDRESS*	TELEPHONE NUMBER ()

* Contact your adoption worker to obtain the mailing address. For assistance in locating a worker in your region, contact Enquiry BC at 1-800-663-7867 or check the blue pages of your telephone directory for the MCFD office nearest to you.

INFORMATION ON THIS FORM WILL BE USED FOR THE SOLE PURPOSE OF YOUR APPLICATION TO ADOPT.