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## Registration Form

	Applicant A	Applicant B
Last Name		
First Name		
Address		
City, State, Zip		
Have you lived anywhere else in the last year? If yes, please list		
Home Phone		
Cell Phone		
Work Phone (Contact at work?)		
E-mail address		
Date & place of marriage (or N/A)		
Have you been married before?		
Social Security # (for background check)		
Date of birth		
Place of birth (City and State, or Country)		
Nationality		
Occupation		
Employer		

Yearly Income		
Highest level of education & degree		
Religious affiliation (or N/A)		
Children living at home? Names & D.O.B.		
Children outside of the home?		
Anyone else living at home? Names & relationship to you		
Are you planning on adopting a child that you already know?		
If not, brief description of desired child		
Have you ever been the subject of an unfavorable home study?		

By signing this form, I/we certify that all information provided herewith is true and complete.

By signing this form, I/we understand that our working relationship with Seattle Home Studies can be terminated at any time, by either party, for any reason.

By signing this form, I/we understand that a completed home study does not guarantee that a child will be placed with us or that we will be able to successfully complete an adoption.

\_\_\_\_\_  
Applicant A

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant B

\_\_\_\_\_  
Date