

GENERAL INFORMATION

Applicant 1

SURNAME		GIVEN FULL Name (s)	
Date of Birth (MONTH / DAY / YEAR)	Birthplace (City, Province)	Marital Status	

Applicant 2

SURNAME		GIVEN FULL Name (s)	
Date of Birth (MONTH / DAY / YEAR)	Birthplace (City, Province)	Marital Status	

Contact Information

Address		City, Province	Postal Code
Applicant 1 - Phone	Applicant 1 - Other Phone	Applicant 1 - E-mail	
Applicant 2 - Phone	Applicant 2 - Other Phone	Applicant 2 - E-mail	
Date of Marriage (MONTH / DAY / YEAR)	Place of Marriage (City, Province, Country)		
Referred to Adoption By Choice by:		Country applying to	

Have you adopted internationally? ☐ Yes ☐ No

If YES, when, which country and how old was the child at the time of placement(s) _____

Have you been involved in any adoption courses previously? ☐ Yes ☐ No

If YES, please indicate when and who facilitated the course(s) _____

Are there any other adults living in your home? ☐ Yes ☐ No If yes, name(s) _____

Supporting Documents

Please attach **originals, notarized or certified** copies of the following documents with your completed application:

- a) Birth Certificate(s)
- b) Marriage Certificate (if applicable)
- c) Change of name certificate
- d) Final divorce documents as issued by the Court (if applicable)
- e) Death certificate as issued by the Division of Vital Statistics (if applicable)

FedEx Account #

For shipment pertaining to confidential documents & reports;
Legal court packages to Alberta Adoption Headquarters in Edmonton,
and filing of Court House(s) records

REFERENCES

Please give the names, addresses, and telephone numbers of three (3) references who are personally acquainted with you and your home life.

- One (1) of these must be a relative
- Two others (2) may be friends, neighbours, religious or business acquaintances
- All references must reside in Canada
- Each will be contacted initially by email or letter and then may be visited or telephoned.
- Please discuss your adoption plans with your references
- Let them know that we will be asking them to respond to us in writing

It is important that your references respond promptly to our request for a letter as your homestudy will not be started until all reference letters have arrived at our office.

1.

Name(s) _____

Address _____

City/Prov _____

Postal Code _____

Phone #1 _____

Phone #2 _____

Email _____

2.

Name(s) _____

Address _____

City/Prov _____

Postal Code _____

Phone #1 _____

Phone #2 _____

Email _____

3.

Name(s) _____

Address _____

City/Prov _____

Postal Code _____

Phone #1 _____

Phone #2 _____

Email _____

By signing below, I give Adoption By Choice permission to contact my references by email to provide them with the reference form. I understand that once my references have completed this form, they will need to forward the original signed copy to Adoption By Choice.

Applicant 1 - Signature _____

Date _____

Applicant 2 - Signature _____

Date _____