



Adoptive Family  
Information Non-Identifying  
Sheet

Husband

First Name \_\_\_\_\_ Age \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_  
Educational Background \_\_\_\_\_  
Occupation \_\_\_\_\_ Health \_\_\_\_\_  
Hobbies \_\_\_\_\_  
Ethnic or Racial Background \_\_\_\_\_  
Activity in Your Church and Community \_\_\_\_\_  
Describe Your Marriage \_\_\_\_\_  
Describe Your Partner \_\_\_\_\_  
Parenting Style \_\_\_\_\_  
Hopes and Dreams for Your Child \_\_\_\_\_  
Personality Traits \_\_\_\_\_

Wife

First Name \_\_\_\_\_ Age \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_  
Educational Background \_\_\_\_\_  
Occupation \_\_\_\_\_ Health \_\_\_\_\_  
Hobbies \_\_\_\_\_  
Ethnic or Racial Background \_\_\_\_\_  
Activity in Your Church and Community \_\_\_\_\_  
Describe Your Marriage \_\_\_\_\_  
Describe Your Partner \_\_\_\_\_  
Parenting Style \_\_\_\_\_  
Hopes and Dreams for Your Child \_\_\_\_\_  
Personality Traits \_\_\_\_\_

Both

Plans for Child Care \_\_\_\_\_  
Relationship with Extended Family \_\_\_\_\_  
What Part of the Country Do You Live In? \_\_\_\_\_  
Degree of Openness Desired in Your Adoption \_\_\_\_\_

## Children In Your Family

First Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_  
Biological or Adopted \_\_\_\_\_ Race \_\_\_\_\_  
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Complexion \_\_\_\_\_

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