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Application for Service

The information herein is strictly confidential

Date: _____

Application Fee: \$200.00

Husband's Full Name: _____

Social Security Number: _____

Wife's Full Name

(Including Maiden Name): _____

Social Security Number: _____

Present Address: _____

Number Street City

County State Zip

Telephone: Home: _____

Cell (wife): _____

Cell (husband): _____

How long at this address: _____

Previous Address: _____

(if less than two years) *Number Street City*

County State Zip

Directions for reaching your home:

Present Marriage: _____

Date Place

City County State

Length of Courtship _____

Children: Name Date of Birth Birth or Adoption
(This Marriage)

Others in Home: Name Age Relationship



Husband

Date of Birth: _____

Place: _____
City County State

Nationality Extraction: _____

Height Weight Eye Color

Hair Color Skin Color

Description of personality:

Education (Last Grade Completed and/or Degree):

Technical Training: _____

Religious Preference: _____

Church Attending: _____

Employer: _____

Occupation: _____

How Long: _____

Previous (If less than two years):

Medical History: (List serious illnesses and dates)

Out- patient Treatment: (Physical, Psychological, Psychiatric, Alcohol or other Substance Abuse)

Hospitalizations: (date and place)

Previous Marriage (s):

To Whom

Date

How Terminated

Date

Children of Previous Marriage(s):

<i>Name</i>	<i>Age</i>	<i>Where Living</i>
<i>Name</i>	<i>Age</i>	<i>Where Living</i>

Military Service:

<i>Branch</i>	<i>From</i>	<i>To</i>
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Have you ever been arrested? _____

If yes, please explain:

Wife:

Date of Birth: _____

Place: _____

City

County

State

Nationality Extraction: _____

<i>Height</i>	<i>Weight</i>	<i>Eye Color</i>
<i>Hair Color</i>	<i>Skin Color</i>	

Description of personality:

Education (Last Grade Completed and/or Degree):

Technical Training: _____

Religious Preference: _____

Church Attending: _____

Employer: _____

Occupation: _____

How Long: _____

Previous (If less than two years):

Medical History: (List serious illnesses and dates)

Out- patient Treatment: (Physical, Psychological, Psychiatric, Alcohol or other Substance Abuse)

Hospitalizations: (date and place)

Previous Marriage (s):

<i>To Whom</i>	<i>Date</i>	<i>How Terminated</i>	<i>Date</i>
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Children of Previous Marriage(s):

<i>Name</i>	<i>Age</i>	<i>Where Living</i>
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<i>Name</i>	<i>Age</i>	<i>Where Living</i>
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Military Service:

<i>Branch</i>	<i>From</i>	<i>To</i>
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Have you ever been arrested? _____

If yes, please explain:

References:

Your references may be your employer, pastor or friends. Please include one neighbor, one co-worker, and if you have children, one child related individual such as a teacher, babysitter/ nursery staff, etc.

	Name	Address/zip	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

Have you ever applied elsewhere to adopt? _____

If yes: When _____ From Whom _____

Status of Application _____

Please list two friends or family members who will continue to know your whereabouts if you moved from this area:

	Name	Address/ zip	Telephone
1.	_____	_____	_____
2.	_____	_____	_____

Please give a brief description of the service you are requesting and why:

Husband's Signature

Date

Wife's Signature

Date