The CATHOLIC CHARITIES
OF THE ARCHDIOCESE OF CHICAGO

PRE-SERVICE INTEREST FORM

Applicant A _____ _ _
Last First Middle

Applicant B _____
Last First Middle

Address_____(____)_____
Street City Zip Preferred Phone

Preferred E-mail Address: _____

HOUSEHOLD MEMBERS:

NAME	DOB	BIRTH PLACE	RACE/ NATIONALITY
Children:*			

**INDICATE IF ADOPTED*

Marriage Date_____

We are open to adopting a child with:

- ☐ Prenatal alcohol exposure
- ☐ Prenatal substance exposure
- ☐ Medical conditions either chronic or requiring surgery
- ☐ Down syndrome or another genetic disorder
- ☐ Other: (please explain): _____
_____
_____

CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO
MATERNITY/ADOPTION DEPARTMENT
1800 NORTH HERMITAGE, CHICAGO, IL 60622-1161
Please submit to: adoptions@catholiccharities.net