



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