

Oxford Adoption Foundation, Inc. Application

<u>Father Applicant</u>	<u>Mother Applicant</u>
Name: _____	Name: _____
Social Security No.: _____	Social Security No.: _____
Employer: _____	Employer: _____
Home Address: _____	Home Address: _____
Marital Status: Single _____ Married _____	Marital Status: Single _____ Married _____
Birthdate: _____	Birthdate: _____

Home Address: _____

Home Phone: _____ Fax: _____ E-mail: _____

How many children in your family: _____ Ages of Children: _____

Name & Address of Adoption Agency you are working with: _____

Phone No.: _____ Contact Person: _____

Name & Address of Home Study Agency you are working with: _____

Phone No.: _____ Contact Person: _____

INS Application Filed: Yes _____ No _____ If yes, anticipated completion date: _____

Is there a child(ren) assigned to you? Yes _____ No _____

Number of children: _____ Ages of children: _____

Country of Adoptive Child(ren): _____ Expected Date of Travel: _____

