

SECTION 3 - FAMILY INFORMATION

Children (including those of previous marriage)

NAME	Sex	D.O.B.	Date Adopted	Does your child live with you?

Other living with the Family

NAME	Sex	Age	Relationship	Criminal convictions or arrests

SECTION 4 - CHILD PREFERENCES

Applicants may specify preferences of sex of infant / preschool age children. EAAC will use your information as a request to a child. The foreign country government must approve all proposed adoptive placements. **Indicate Country, Age, Sex and number of Children.** (If you are adopting two children you must be willing to adopt up to four years old).

Gender MALE FEMALE EITHER

Country: _____ (First choice) _____ (Second choice)

Number of Children: _____

Age range of child: _____ to _____ (Give range of youngest to oldest age of child you are willing to accept.)

When do you wish to adopt your child? Within 6 months 1 Year 2 Years

SECTION 5 - STATEMENT OF AGREEMENT and SIGNATURE

By signing this application, I / we authorize EAAC to obtain information about me /us from all resources listed above and from all adoption agencies or home study agencies that now are providing or that in the past have provided services to me / us. I/we agree that EAAC is authorized to maintain and display my/our information on EAAC premises, and to provide and share confidential information to my/our home study agency and EAAC travel affiliates. I /we understand that laws and regulations of the foreign governments and agencies in countries in which EAAC maintains programs may change without notice; that adoptions in any country may be delayed, suspended or terminated at any time without notice; and that consequently, I /we may be subject to changing requirements and/or programs for international adoption. I /we agree that a photocopy of this authorization is as valid as the original. I/We agree that to best of my/our knowledge and belief all statements made in this application are true and complete.

Signature

Signature

Please return this Preliminary Application for Adoption Form with:

- 1.) One (1) photo of the adoptive couple / family
- 2.) Non-refundable check or money order for \$200.⁰⁰

Date

Upon Application for Adoption review and acceptance, you will receive registration forms and an international adoption program packet by Priority Mail. Please remit payment and completed Preliminary Application for Adoption to:

EuroAsian Adoption Consultants of IL, Inc.
949D Plum Grove, Schaumburg, IL 60173
224-353-6241 • www.euroasianadoption.com