

GUATEMALAN ADOPTION CONSULTANTS
APPLICATION

Please print or download this form.

Name of Applicant: Mr. _____

Mrs. _____

Address: _____

Home Telephone: _____ Fax: _____

E-mail Address: _____

Husband

Wife

Date of Birth _____

Place of Birth _____

Citizenship _____

Employer _____

Employer Address _____

Telephone _____

Fax _____

Occupation _____

Annual Income _____

Social Security # _____

Education _____

Date and Place of Marriage _____

husband

wife

Prior Marriages _____

Valid US passports _____

Health Problems (if yes, please explain) _____

Criminal Arrests/convictions (if yes, please explain) _____

Others living in the home (include name, age and relationship) _____

Do you have a completed Home Study? _____ Date _____

Home Study Agency _____

Address & Phone # _____

Do you have INS clearance (I171-H)? _____

Filed Date: _____ Approval Date: _____

Have you applied before to adopt a child? _____

Have you ever been rejected by any adoption agency? _____

Why are you considering adopting? _____

Are you open to adopting a child of either sex? _____

If no, please explain _____

Are you open to adopting a child with minor medical needs? _____

Please explain? _____

How do you feel about adopting a Hispanic child? Please explain. _____

Although we will do our best to obtain and provide to you with information about the birth mother, obtaining information about the birth father is often not possible. Such limited information, the living conditions and the lack of pre-natal care preclude any guarantees a child is completely healthy. Please remember that Guatemala is a third

world country and that most of the population does not enjoy our standard of living or medical care. Once a child becomes part of our program we will provide quality medical care during the adoption process.

Guatemala does not require you travel to pick up your child, but GAC recommends that you do. Will you be able to travel to Guatemala? _____

Please return the application with a check for \$100.00 (non-refundable) payable to GAC. We will then send you our Getting Started Package and place you on our waiting list.

We understand that this application will be kept confidential and only used by GAC to determine how they can help us. The information provided is true and accurate to the best of our knowledge.

Signature: _____ Date: _____

Signature: _____ Date: _____

Return to:

Guatemalan Adoption Consultants
567 Mesquite Street
Imperial, CA 92251