

APPLICATION FOR CERTIFICATION TO ADOPT

For Clerk Use Only

This section must be filled out by the Agency in its entirety prior to submitting the Application to the Court.

Agency Name: _____

Agency Address: _____ Telephone: _____

Check all that apply:

The following applicants/adult household members have **level one fingerprint clearance cards**, and copies have been/will be provided with the home study: _____

Fingerprint cards have been provided to the Adoptions Unit to send to DPS for processing for the following applicants/adult household members: _____

DCS Records Clearance is: included will be provided with home study.

Social Worker or Agency Contact Name

Email Address

FOR CLERK'S OFFICE USE ONLY

AC No.: _____

PLEASE PRINT OR TYPE ALL INFORMATION

1. Applicant Information:

Last Name First Name Middle Name

Age: _____ Date of Birth: _____ SSN#: _____

Have you ever applied to be a Licensed Foster Parent in the State of Arizona? Yes No. Have you previously adopted a child OR applied for adoption certification within the last three (3) years? Yes No. If yes, give date, agency, and legal adoption number. _____

Last Name First Name Middle Name

Age: _____ Date of Birth: _____ SSN#: _____

Have you ever applied to be a Licensed Foster Parent in the State of Arizona? Yes No. Have you previously adopted a child OR applied for adoption certification within the last three (3) years? Yes No. If yes, give date, agency, and legal adoption number. _____

2. Applicant(s) Address and Telephone Number:

Address: _____ Mailing Address: _____

(if different) _____

Telephone: _____
Home Phone Day Time Phone Evening Phone

Email Address(es): _____

3. Additional Individuals 18 years of age, or older, residing within the household:

Name	Date of Birth	SSN#
Name	Date of Birth	SSN#
Name	Date of Birth	SSN#
Name	Date of Birth	SSN#
Name	Date of Birth	SSN#

If you require more space, please attach another sheet to this application.

I DO HEREBY ATTEST THAT THE ABOVE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature	Date	Signature	Date
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