

## **AUTOBIOGRAPHY**

### **Personal Information:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Her Cell: \_\_\_\_\_  
\_\_\_\_\_ His Cell: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ His Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Her Work Phone: \_\_\_\_\_

### **Motivation to Adopt:**

Tell the story that led to your decision to adopt. \_\_\_\_\_

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How have you prepared yourself for adoptive parenthood? \_\_\_\_\_

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How will family and friends react to your decision to adopt? \_\_\_\_\_

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How do you plan to discuss adoption with your child? \_\_\_\_\_

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What are your feelings toward birth parents? \_\_\_\_\_  
\_\_\_\_\_

What are your feelings if your child chooses to search for his/her birth parents? \_\_\_\_\_  
\_\_\_\_\_

If you have children, what is their response to the decision to adopt? \_\_\_\_\_  
\_\_\_\_\_

**Description of Self:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Complexion: \_\_\_\_\_ National Origin: \_\_\_\_\_

Describe your personality (outgoing, shy, organized, easygoing, rigid, etc.)? \_\_\_\_\_  
\_\_\_\_\_

What is your greatest strengths? \_\_\_\_\_  
\_\_\_\_\_

What is your greatest weaknesses? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been treated for an emotional or mental illness? \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_\_

Have you every received counseling? \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_

What do you enjoy doing in your free time (Hobbies/Interests)? \_\_\_\_\_  
\_\_\_\_\_

**Education:**

Highest Grade Completed: \_\_\_\_\_ High School Graduate: \_\_\_\_\_

GED: \_\_\_\_\_ Name of High School: \_\_\_\_\_

Name of Technical School: \_\_\_\_\_

Name of College: \_\_\_\_\_

Degrees and Years earned: \_\_\_\_\_

**Employment History:**

Place of employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Previous Places of Employment: \_\_\_\_\_

\_\_\_\_\_

What do you like and dislike about your job? What are your future goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever served in the military? \_\_\_\_\_ What branch? \_\_\_\_\_

Were you honorably discharge? \_\_\_\_\_ Date: \_\_\_\_\_

**Family Information and Childhood:**

Name of Father: \_\_\_\_\_ Occupation as a Child: \_\_\_\_\_

Description of his personality when you were a child: \_\_\_\_\_

What fond memories do you have with your father as a child? \_\_\_\_\_

\_\_\_\_\_

Name of Mother: \_\_\_\_\_ Occupation as a Child: \_\_\_\_\_

Description of her personality as a child: \_\_\_\_\_

What fond memories do you have with our mother as a child? \_\_\_\_\_

\_\_\_\_\_

If you have a stepparent(s), describe your relationship as a child and today. \_\_\_\_\_

\_\_\_\_\_

Who administered discipline in your family? \_\_\_\_\_

What was the usual form of discipline? \_\_\_\_\_

Did your parents agree on the method of discipline? \_\_\_\_\_

What were the most important values your parents tried to teach? \_\_\_\_\_

\_\_\_\_\_

What is your relationship with your parents today? \_\_\_\_\_

\_\_\_\_\_

What is your parent's relationship with each other today? \_\_\_\_\_

Where do they now reside? \_\_\_\_\_

How often do you visit/communicate with parents? \_\_\_\_\_

List each of your brother and sisters including: their age, occupation, place of residence, employment, marital status, children, and health status. What was your relationship with each while growing up? What is your relationship today? Who were you closest to then and who are you closest to now? How often do you see them? Are they supportive of your decision to adopt? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were some of the happiest times in your life? \_\_\_\_\_

\_\_\_\_\_

What were some of the saddest times in your life and how did you cope? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Courtship and Marriage:**

If you were married before, please provide the name of your former spouse, the dates of your marriage and divorce and the circumstances of your divorce. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you and your spouse meet? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long did you date before marrying? \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Did you live together for marriage and if so, for how long? \_\_\_\_\_

What attracted you to your spouse? \_\_\_\_\_

What are your spouse's strengths? \_\_\_\_\_

\_\_\_\_\_  
What are your spouse's weaknesses? \_\_\_\_\_

How are decisions made in your family? \_\_\_\_\_

\_\_\_\_\_  
Who handles finances? \_\_\_\_\_

What do you most frequently argue over? \_\_\_\_\_

How are disagreements resolved? \_\_\_\_\_

\_\_\_\_\_  
How are household duties divided? \_\_\_\_\_

\_\_\_\_\_  
What do you like to do as a couple? \_\_\_\_\_

Describe your relationship with your in-laws. \_\_\_\_\_

\_\_\_\_\_

**Children:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School grade: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Complexion: \_\_\_\_\_ Eye color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Description of Personality: \_\_\_\_\_

List outside activities the in which the child is involved. \_\_\_\_\_

\_\_\_\_\_

List other children on the back of this page or on another sheet.

If no children describe any previous parenting experience: \_\_\_\_\_

\_\_\_\_\_

**Home and Community:**

Type of Construction: \_\_\_\_\_ Square Feet: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of baths: \_\_\_\_\_

List all other rooms in the house: \_\_\_\_\_

Population of City: \_\_\_\_\_ Major Source of Employment: \_\_\_\_\_

What schools will your child attend? \_\_\_\_\_

Where is the closest hospital? \_\_\_\_\_

Describe any pets you have. \_\_\_\_\_

\_\_\_\_\_

Do you own any weapons? \_\_\_\_\_ How are they secured? \_\_\_\_\_

List safety features in the home. (fire extinguisher, smoke detectors, security systems etc)

\_\_\_\_\_

How long have you lived in your home? \_\_\_\_\_

**Coping Abilities:**

Describe a particular crisis since your marriage or adult life. What effect did it have on you personally and on your marriage? How did you cope with the crisis as an individual and couple? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for a mental health diagnosis, including depression/anxiety? If so, please describe circumstances and provide date of diagnosis and treatment. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Religion:**

Do you attend church:

Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Not at All \_\_\_\_\_

Name of Church you attend: \_\_\_\_\_

Do you feel that your involvement in church is

Very important \_\_\_\_\_ Somewhat important \_\_\_\_\_ Not important \_\_\_\_\_

**Community Involvement:**

Please list volunteer activities, social clubs, or any other community engage. \_\_\_\_\_

\_\_\_\_\_

**Adoption/Parenting Issues:**

What are your childcare plans for a child placed with you? \_\_\_\_\_

\_\_\_\_\_

Do you have a will? \_\_\_\_\_

In the event of your untimely deaths, whom have you asked to be your child's guardian? How do they feel about the responsibility? \_\_\_\_\_

\_\_\_\_\_

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How have you prepared/educated yourself for adoption? \_\_\_\_\_

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What type of relationship do you hope to have with the birth family pre-birth and post-birth? \_\_\_\_\_

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What values to you hope to teach your child? \_\_\_\_\_

Describe your (anticipated) approach to parenting? Please be specific. \_\_\_\_\_

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How do you plan to discipline your child? \_\_\_\_\_

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Do you agree on discipline methods? \_\_\_\_\_

If adopting a child of race or ethnicity, how will family, friends and community accept the child? \_\_\_\_\_

If you have children, how do they feel about adding a child through adoption and how do you feel they will transition to the addition of a sibling? \_\_\_\_\_

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What plans do you have to teach child about his/her heritage? \_\_\_\_\_

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How/when do you plan to talk to your children about his/her adoption story? \_\_\_\_\_

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### Criminal History:

Have you ever been arrested?\_\_\_\_\_ If “yes”, list arrests and details: \_\_\_\_\_

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Have you ever been accused of: Child Abuse?\_\_\_\_\_ Sexual Abuse?\_\_\_\_\_

Substance Abuse? \_\_\_\_\_ Domestic Violence? \_\_\_\_\_. If yes, provide details. \_\_\_\_\_

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If there is anything else you would like for me to know about your life or events that occurred that influence or shaped who you are today, please provide that information below.

[illegible]