Please complete and return to Catholic Adoption Services of Washington State

Mail to: Carol Ryan, Adoption Supervisor
Catholic Adoption Services
100 23rd Avenue South
Seattle, WA 98144-2302

Fax to: 206-328-5975

E-Mail to: CarolRyan@ccsww.org

CATHOLIC COMMUNITY SERVICES
OF WESTERN WASHINGTON

INFORMATION QUESTIONNAIRE

(LAST NAME)	(HUSBAND)	(WIFE)
(ADDRESS- STREET)	(CITY)	(STATE/ZIP CODE)
(HOME TELEPHONE)	(WORK TELEPHONE-HUSBAND)	(WORK TELEPHONE-WIFE)
E-mail		

	HUSBAND	WIFE
OCCUPATION:		
AGE:		
RELIGION:		
RACE:		
HEALTH PROBLEMS:		

DATE AND PLACE OF MARRIAGE: _____

REASON FOR ADOPTING: _____

IF YOU PRESENTLY HAVE CHILDREN, PLEASE LIST THEIR AGES:

HAVE YOU HAD AN ADOPTION STUDY DONE ELSEWHERE? _____**YES** _____**NO**
IF YES, PLEASE NAME AGENCY: _____

Please Indicate Child Preference and or country

International: _____

Domestic Infant: _____

Signature Date Signature Date