

Deaconess Pregnancy & Adoption

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INFORMATION ON CHILD YOU WISH TO ADOPT

*NOTE: We realize the incredible significance and possible impact on your family that this page holds. Again, we want to strongly encourage you to pray before completing the following information. It is never our intention to try to persuade you to "broaden" your acceptance factors. We believe, through prayer, God will guide you to the child He desires to place in your family. **Given the limited time frame we sometimes have to present profiles and our commitment to confidentiality, it is imperative that you complete this form with definite answers, understanding that we are unable to provide specific information regarding prospective birth parent(s) prior to your profile being selected. We will show your profile based on preferences as they match the prospective birth parent(s) verbal report. However, unknowns about the child's medical, social and genetic background may exist.**

Adoptive Parents' Names: _____ **Date** _____
Age Preference of Child: _____

Ethnicity Preference:

Every ethnicity marked indicates your willingness to accept a child of both full and/or blended heritage. (i.e. If you mark Caucasian and Black, your profile will be shown to full Caucasian, full Black, or any blend of the two.)

Caucasian: _____ Asian: _____
Hispanic: _____ Native American: _____ Enrolled Y ___ N ___
Black: _____ Middle Eastern: _____

Please circle your preference:

Twins? Yes No Two infants under one year of age (not twins) Yes No
An older child? Yes No If yes, to what age? _____
A sibling group? Yes No If yes, to what age? _____
A child conceived in rape? Yes No A child conceived in date rape? Yes No

Prenatal Exposure:

A child whose birth mother consumed alcohol in her first trimester? Yes No
A child whose birth mother consumed alcohol throughout her pregnancy? Yes No
A child whose birth mother used marijuana in her first trimester? Yes No
A child whose birth mother used marijuana throughout her pregnancy? Yes No
A child whose birth mother used other illegal drugs in her first trimester? Yes No
A child whose birth mother used other illegal drugs throughout her pregnancy? Yes No
A child whose birth mother reports misuse of prescription medications throughout pregnancy? Yes No

Other Considerations:

An birth mother who identifies as homosexual, bisexual or transgender? Yes No
An birth mother who is incarcerated?
(Visits would take place in prison during visiting hours) Yes No
An birth mother/father diagnosed with a severe mental illness?
(Severe mental illness may include Bipolar, Schizophrenia etc. Please consult with your physician and other resources to learn more.) Yes No
An birth family with no medical insurance or government coverage available?
(This may increase your total adoption expenses by \$20,000 or more) Yes No
A child with a correctable medical condition? Yes No Non-correctable condition? Yes No