



1515 East 66th Street
Richfield, Minnesota 55423
612-746-5658

www.newlifeadoptionsmn.org

**ENCLOSE \$50
NON-REFUNDABLE
PROCESSING FEE.**

Preliminary Application

Family and Personal Information

Husband _____ Age _____ Date of Birth _____ Race _____

Wife _____ Age _____ Date of Birth _____ Race _____

Address _____
Street City State Zip Code

Primary Phone _____ Secondary phone (if applicable) _____

Preferred E-mail address _____

For future correspondence, how may we contact you? Phone U.S. Mail E-mail

Miles from Richfield? _____ Rochester? _____ Years of MN residence? _____

Persons other than yourselves living in your home:

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

Name _____ Date of Birth _____ Relationship _____

If adopted, agency name _____

Date of Marriage _____ Any previous marriage(s)? Yes No

If applicable, list date(s) of previous marriage(s): Husband _____ Wife _____

Employment and Other

Husband's Occupation _____ Phone _____ Annual Gross Income _____

Wife's Occupation _____ Phone _____ Annual Gross Income _____

How did you hear about New Life Adoptions? Internet New Life Adoptive Family
Agency/Clinic _____ Church Other _____

We are interested in the following adoption services:

Full Service (Domestic Infant) Limited Service (Domestic Infant) Embryo Adoption Home Study

FOR OFFICE USE ONLY:

Application/Fee:

_____ Date Received
_____ Received By
_____ Amount Received

Application Status:

_____ Approved (Date/Initials)
_____ Denied (Date/Initials)
_____ Letter Sent (Date/Initials)

Information Meeting:

_____ RSVP Date
_____ IM Date
_____ Attended?

Faith

New Life Adoptions is a faith-based adoption agency. Because of this, it is important that our prospective adoptive families subscribe to our statement of faith as part of our adoption criteria. Please answer the following questions as thoroughly and accurately as possible to express your faith. It is important for husband and wife to each write their responses individually.

What church do you attend? _____

Denomination _____ How regularly do you attend? _____

1. Who is Jesus Christ and what is your relationship with Him?

Husband _____

Wife _____

2. Why did Jesus have to die on the cross?

Husband _____

Wife _____

3. Can we have assurance of our salvation? Why or why not? In other words, if you died today, do you know for certain that you will go to heaven? Explain.

Husband _____

Wife _____

4. How would you describe to someone else how they gain access to eternity with God?

Husband _____

Wife _____

5. Do good works gain you access to eternity with God? Why or why not? Explain.

Husband _____

Wife _____

Faith, continued

6. On an additional piece of paper, please explain a summary of your faith life. Share how you became a Christian, how you are growing in your relationship with Jesus, how He has made a difference in your life, and the areas of Christian service have you been involved in recently.

Health and Wellness

	Dates	Reason(s)	Husband, Wife or both?
Health Concerns:			
Counseling:			
Medications:			
Hospitalizations:			

Reason(s) for infertility (if applicable): _____

The desire of New Life Adoptions is hope and healing for people who have had an abortion. It is with that intention that we ask if either of you have experienced an abortion. Please comment. _____

Agency Criteria

Check if you meet the following agency criteria for adoption at the time of Preliminary Application:

- ___ Applicants' ages shall be a minimum of 21 years and a maximum of either 45 years of age or a combined age of 90 years between husband and wife.
- ___ Applicants live within 50 miles of the Richfield office or the Rochester office.
- ___ Applicants are residents of Minnesota for at least six months at the time of Preliminary Application.
- ___ Applicants are married for at least two years and able to verify marriage. (New Life Adoptions holds to the following Biblical sexual ethic: Marriage is between one man and one woman.)
- ___ The most recent addition to the applicant's family has been in the home for at least 12 months.
- ___ Applicants subscribe to New Life Adoptions' Statement of Faith (Page 4 of this application).

We certify that we have read the New Life Adoptions' Statement of Faith on page 4 of this application, and we do hereby certify that the above information is true to the best of our knowledge.

Husband's Signature _____ Date _____

Wife's Signature _____ Date _____

Submit this application, along with the \$50 processing fee

to the address on Page 1 of this application.

Statement of Faith

We subscribe to the following statement of faith as adopted by the National Association of Evangelicals.

- 1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God.**
- 2. We believe that there is one God, eternally existent in three persons: Father, Son and Holy Spirit.**
- 3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.**
- 4. We believe that for the salvation of lost and sinful people, regeneration by the Holy Spirit is absolutely essential.**
- 5. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.**
- 6. We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of damnation.**
- 7. We believe in the spiritual unity of believers in our Lord Jesus Christ.**