



Gleaning Gift

A Ministry for Adoption

C/O Evergreen Baptist Church
 10301 E. 111th Street South
 Bixby, OK 74008

| | | | | |
|------------------|-------|----------------|--------|---------------|
| Name | <hr/> | (husband) | (wife) | (last) |
| Address | <hr/> | (street) | (city) | (state) (zip) |
| Telephone | <hr/> | | | |
| Date of Marriage | <hr/> | City and State | | <hr/> |

| Husband | | Wife | |
|---|---------------|---|---------------|
| Age | Date of Birth | Age | Date of Birth |
| Place of birth | | Place of birth | |
| Social Security # | | Social Security # | |
| Driver's License # | | Driver's License # | |
| Previous Marriages | | Previous Marriages | |
| (Provide marriage date, termination date, and how terminated on back of page) | | (Provide marriage date, termination date, and how terminated on back of page) | |
| Current employment | | Current employment | |
| Address | | Address | |
| Telephone # | | Telephone # | |
| Position | | Position | |
| Length of employ | | Length of employ | |

| Children | | | | |
|----------|-----|-----|-----------|----------------------|
| Name | Sex | Age | Birthdate | Adopted / Biological |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Adoption Agency | |
|--------------------------------------|---------------|
| Name of agency coordinating adoption | <hr/> |
| Address | <hr/> |
| Contact person | Phone # <hr/> |

(If more space is needed, answer on another sheet and attach to these pages)

Please explain your motivation to adopt:

Please describe the characteristics of the child(ren) you are adopting or hope to adopt. Include information about the child's special needs if any:

Learning about you spiritually is one of Gleaning Gift's responsibilities.

Husband and Wife answer separately the following questions. Attach response to application.

1. Give your Christian testimony.
2. Who is Jesus Christ to you?
3. How do you define a Christian?
4. How does the Bible affect your life?
5. What role does your church family have in your life?

Financial Information

1. List in detail your adoption related financial needs. (either spouse reply)
2. Have you applied for or received financial assistance from another source? (either spouse reply)
3. What is your families gross yearly income? (either spouse reply)

References (immediate relatives excluded) Please provide at least three

| | | | | |
|-----------|----------|--------|---------|-------|
| Name | _____ | | | |
| Address | _____ | | | |
| | (street) | (city) | (state) | (zip) |
| Telephone | _____ | | | |
| Name | _____ | | | |
| Address | _____ | | | |
| | (street) | (city) | (state) | (zip) |
| Telephone | _____ | | | |
| Name | _____ | | | |
| Address | _____ | | | |
| | (street) | (city) | (state) | (zip) |
| Telephone | _____ | | | |
| Name | _____ | | | |
| Address | _____ | | | |
| | (street) | (city) | (state) | (zip) |
| Telephone | _____ | | | |

We understand that this application becomes part of our file with Gleaning Gift and that the completion of this application does not guarantee financial assistance. Any untrue answer on this application or subsequent documents will be grounds to decline approval.

Signature _____ Date _____

Signature _____ Date _____