

**FAMILY SERVICES
OF WESTCHESTER**

ADOPTION & CHILDREN'S SERVICES - REGISTRATION FORM

Applicant #1: _____
Last First MI

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: _____ **Mobile Phone #:** _____ **E-mail:** _____

Social Security #: _____ **Date of Birth:** _____ **Sex:** Male Female Other

Employed: Yes No **Occupation:** _____

Name & Address of Employer: _____

Business Telephone: _____

U.S. Citizen: Yes No **Place of Birth:** _____

Language (Please write) English/Spanish/Bilingual/Other: _____

Religion Catholic Protestant Jewish Muslim Hindu Interfaith Spiritual Other _____
None:

Marital Status Single(never married) Married Couple Cohabiting Widowed Divorced Annulled
Separated Other: _____

Race/Ethnicity Caucasian African-American Asian Hispanic Latino Multi-racial Caribbean
Native American Other: _____

Applicant # 2: _____
Last First MI

Mobile Phone #: _____ **E-mail:** _____

Social Security #: _____ **Date of Birth:** _____ **Sex:** Male Female Other: _____

Employed: Yes No **Occupation:** _____

Name & Address of Employer: _____

Business Telephone: _____

U.S. Citizen: Yes No **Place of Birth:** _____

Language (Please Write) English/Spanish/Bilingual/Other: _____

Religion Catholic Protestant Jewish Muslim Hindu Interfaith Other: _____
Spiritual None

Marital Status Single (never married) Married Couple Cohabiting Domestic Partnership Widowed
Divorced Annulled Separated Other: _____

Race/Ethnicity Caucasian African-American Asian Hispanic Latino Multi-racial Caribbean
Native American Other: _____

