FAMILY SERVICES OF WESTCHESTER

ADOPTION & CHILDREN'S SERVICES - REGISTRATION FORM

Applicant #1:						
Last Address:	First	MI				
City:	_State:	_Zip:				
Home Phone #:	_ Mobile Phone #:	_ E-mail:				
Employed: Yes No	Date of Birth: Occupation:					
U.S. Citizen: Yes No Place	of Birth:					
Language (Please write) English/Spanis	sh/Bilingual/Other:					
Religion Catholic Protestant Jew None:	rish Muslim Hindu Interfaith Spiri	tual Other				
Marital Status Single(never married Separated Other:	l) Married Couple Cohabitating Wic	lowed Divorced Annulled				
Race/Ethnicity Caucasian Africar Native American	n-American Asian Hispanic Latino M Other:	/ulti-racial Caribbean				
Applicant # 2:	First	MI				
Mobile Phone #:	_ E-mail:					
Social Security #: Employed: Yes No Occup Name & Address of Employer: Business Telephone:	Date of Birth pation:	_Sex: Male Female Other:				
U.S. Citizen: Yes No Plac	e of Birth					
Language (Please Write) English/Spanish/Bilingual/Other:						
0	wish Muslim Hindu Interfaith	Other:				
Spiritual None Marital Status Single (never married Divorced Annulled Separated) Married Couple Cohabitating Do Other:	mestic Partnership Widowed				
	an-American Asian Hispanic Latino M ther	lulti-racial Caribbean				

How did ye	ou hear of Family Ser	vices of Westchester's A	doption & (Children's Services:	
□Friend	□Family □ Comm	unity Institution 🗆 Hou	se of Worsh	ip □Other Agency	
□Internet	□FSW Website □A	Adoption Event □Othe	r		
HOUSEHC	OLD COMPOSITION	(LIST THOSE WHO R	ESIDE IN Y	OUR HOME):	
Number of	Dependents	_			
Name	D. O.B.	Relationship	Sex	School/Occupation	ı —
					_ _ _
Type of Ch		Age range:			_
-	, -				_
Comments	:				_
		on sources applied to. (I			- - -
Services of	Westchester/ Adoption	of \$300 (non-refundabl on & Children's Service rm to mpadwa@fsw.org	s, 78 Main S	-	
Applicant #	#1 Signature	Date			
Applicant	42 Signature	Data			
Applicant #	#2 Signature	Date		(Rev.	1 10)
				<u>[</u> 1(CV.	<u> </u>