

# AA QUICK REFERENCE

Last name	Home phone	Date	FOR AGENCY USE	
			Case No.:	

Street address	City	County	State	Zip
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E-mail address	Cell Phone
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Husband's first name	middle	Husband's birth date	Husband's birth place (city, county, state)	Husband's SS#
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Wife's first name	middle	maiden	Wife's birth date	Wife's birth place (city, county, state)	Wife's SS#
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Date of marriage	Place of marriage (city, county, state)	Previously married? <input type="checkbox"/> Husband <input type="checkbox"/> Wife
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Children in Home (use back side if needed)  
 Instructions: List all children and check appropriate boxes: 1. Living with you 2. Adopted 3. Child from a previous relationship.

1	2	3	Name	Birth date	1	2	3	Name	Birth date

## Employment Information

Husband's Employer	Husband's work phone	Wife's Employer	Wife's work phone
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Husband's work street address	City	State	Zip	Wife's work street address	City	State	Zip
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## References (other than relatives)

	Name	Address	Phone and E-mail Address
1.			
2.			
3.			
4.			

We hereby authorize All for Love Adoptions, Inc. to confer with our references, Physicians, Attorneys, Bishops, Clergy, Courts, and if applicable other Child Placing Agencies, Social Workers etc. as All for Love Adoptions, Inc. deems necessary to complete the *Adoptive Home Study Summary* and the adoption process.

Husband's signature	Wife's signature
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