

**Adoption Placement Application**

To: Christian Adoption Services  
Suite 201B 9705 Horton Road S. W.  
Calgary, Alberta T2V 2X5  
Telephone: (403) 256-3224  
Fax: (403) 256-8367

Name of Applicants: \_\_\_\_\_

\_\_\_\_\_

Home Address:

\_\_\_\_\_  
(Street and number)

\_\_\_\_\_  
(City or town)

\_\_\_\_\_  
(Province)

\_\_\_\_\_  
(Postal Code)

\_\_\_\_\_  
(Telephone)

We hereby apply to Christian Adoption Services Society for an adoption placement.

We understand that in making this application we are not guaranteed of being approved by the licensed adoption agency for an adoption placement.

We further understand that it is our responsibility to provide the above-mentioned agency with the results of our criminal record check and any other documentation required of us by the agency before the agency may proceed with this application.

We certify that we do have an application for an adoption with another other licenced adoption agency in Alberta. The other agency is \_\_\_\_\_.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_\_  
(Date)