

a **better** world



the adoption **connection**

inc.

**A Better World – The Adoption Connection, Inc**  
**74 Batterson Park Road**  
**Farmington, CT 06032**  
**860-677-0470**

## Registration Form

Date: \_\_\_\_\_

To initiate your application process with A Better World, please complete the Registration Form, include a photograph of yourself and a check for \$250 payable to *A Better World – The Adoption Connection, Inc.* and return it to our office. Upon receipt, a staff member will contact you and forward additional application materials for completion. If you are a Connecticut resident, you will also receive a schedule of upcoming educational classes and support groups provided by the Agency.

Name(s) of Adoptive Parent(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

If Married, Date & Year: \_\_\_\_\_

### INDIVIDUAL INFORMATION

Mobile: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Mobile: _____	Work Telephone: _____
DOB: _____	Social Security # _____
Email: _____	Occupation: _____
Employer: _____	

GENERAL INFORMATION:

Name(s) of children, if any, and date(s) of birth. Please indicate if child is biological or adopted and, if applicable, country of origin of adopted child.

_____	_____
_____	_____

CHILD (REN) PREFERENCE:

It is **not** necessary to make decisions about the child you wish to adopt prior to registering with A Better World. Your social worker will assist you in this process. However, if you do have preferences, we would like to know about them.

Gender: _____	Number of Children: _____
Age Range: _____	

COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Adoptive Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adoptive Father Signature: \_\_\_\_\_ Date: \_\_\_\_\_