

Chosen Blessings Adoption Ministry

Advancing God's Kingdom One Child at a Time

First and Last Name (s) _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email (s) _____

PERSONAL INFORMATION:

Are you currently married? _____ If yes, how many years? _____

Have you been married before? _____ If so, how many times? _____

Names and ages of children living with you:

_____	_____
_____	_____
_____	_____

Are there others presently living in your house? ____No ____Yes

If yes, please list names:

CHURCH/SPIRITUAL BACKGROUND:

Christian? ____Yes ____No ____Not Sure

Are you a member of Silverdale Baptist Church? ____Yes ____No If Yes, how long? _____

How often do you attend church?

____2-4 times per year ____Once a month ____2 times per month ____weekly

What campus do you attend?

____Bonny Oaks ____Creekside ____North Ooltewah ____Apison ____St. Elmo

Ministries or church activities in which you are involved:

Please write two paragraphs: one explaining how you became a Christian and one explaining your current relationship with Christ. (Use an additional page if more space is needed)

Husband:

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

Wife:

[illegible]

ABOUT YOUR ADOPTION:

What type of adoption will this be? (check all that apply)

☐ Domestic ☐ International ☐ Private ☐ Open ☐ Closed

Please explain, in one paragraph, why you want to adopt a child?

PRAYER SUPPORT:

Please specify the needs and/or concerns that CBAM can lift in prayer before God on your behalf:

FINANCIAL INFORMATION:

What is your annual combined family income? _____

Do you foresee any major changes in family income? ____ Yes ____ No

If yes, please explain _____

What is the estimated cost of this adoption? \$ _____

How much do you plan to personally invest in this adoption? \$ _____

Do you have other ministries/organizations that may help financially with the adoption costs? Yes/No

If yes, please list organizations and potential amounts below:

PERSONAL REFERENCES:**Pastor or Spiritual Mentor:**

Name _____ Phone _____

Address _____ City _____ State ____ Zip _____

Personal Friend:

Name _____ Phone _____

Address _____ City _____ State ____ Zip _____

Business Associate:

Name _____ Phone _____

Address _____ City _____ State ____ Zip _____

Mail Application to:

Chosen Blessings Ministry Adoption Advocacy Board
7236 Bonny Oaks Drive
Chattanooga, TN 37421

Email Application to:

chosenblessings@silverdalebc.com