

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:

Wife:

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:

Email Application to:

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