



1515 East 66th St.  
Richfield, Minnesota 55423  
(612) 866-7643  
www.nlfs.org

**ENCLOSE \$50  
NON-REFUNDABLE  
PROCESSING FEE.**

**PRELIMINARY APPLICATION**

**FAMILY / PERSONAL INFORMATION**

Husband \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

Wife \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Primary Phone \_\_\_\_\_ Secondary phone (if applicable) \_\_\_\_\_

Preferred E-mail address \_\_\_\_\_

For future correspondence, how may we contact you? (Circle all that apply) Phone U.S. Mail E-mail

Miles from Richfield? \_\_\_\_\_ Rochester? \_\_\_\_\_ Years of MN residence? \_\_\_\_\_

Persons other than yourselves living in your home:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

If adopted, agency name \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Any previous marriage(s)? Yes No

If applicable, list date(s) of previous marriage(s): Husband \_\_\_\_\_ Wife \_\_\_\_\_

**EMPLOYMENT / OTHER**

Husband's Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Annual Gross Income \_\_\_\_\_

Wife's Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Annual Gross Income \_\_\_\_\_

How did you hear about New Life Family Services? (Circle one)

Internet NLFS Adoptive Family Agency/Clinic \_\_\_\_\_ Church Other \_\_\_\_\_

We are interested in the following adoption services: (Circle one)

Full Service (Domestic Infant) Limited Service (Domestic Infant) Embryo Adoption Home Study

**FOR OFFICE USE ONLY:**

**Application/Fee:**

\_\_\_\_\_ Date Received  
\_\_\_\_\_ Received By  
\_\_\_\_\_ Amount Received

**Application Status:**

\_\_\_\_\_ Approved (Date/Initials)  
\_\_\_\_\_ Denied (Date/Initials)  
\_\_\_\_\_ Correspond Sent (Date/Initials)

**Information Meeting:**

\_\_\_\_\_ RSVP Date  
\_\_\_\_\_ IM Date  
\_\_\_\_\_ Attended?

**FAITH**

New Life Family Services is a faith-based adoption agency. Because of this, it is important that our prospective adoptive families subscribe to our statement of faith as part of our adoption criteria. Please answer the following questions as thoroughly and accurately as possible to express your faith. It is important for husband and wife to each write their responses individually.

What church do you attend? \_\_\_\_\_

Denomination \_\_\_\_\_ How regularly do you attend? \_\_\_\_\_

1. Who is Jesus Christ and what is your relationship with Him?

Husband \_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

2. Why did Jesus have to die on the cross?

Husband \_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

3. Can we have assurance of our salvation? Why or why not? In other words, if you died today, do you know for certain that you will go to heaven? Explain.

Husband \_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

4. How would you describe to someone else how they gain access to eternity with God?

Husband \_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

5. Do good works gain you access to eternity with God? Why or why not? Explain.

Husband \_\_\_\_\_

\_\_\_\_\_

Wife \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FAITH, continued**

6. On an additional piece of paper, please explain a summary of your faith life. Share how you became a Christian, how you are growing in your relationship with Jesus, how He has made a difference in your life, and the areas of Christian service have you been involved in recently.

**HEALTH / WELLNESS**

	Dates	Reason(s)	Husband, Wife or both?
<b>Health Concerns:</b>			
<b>Counseling:</b>			
<b>Medications:</b>			
<b>Hospitalizations:</b>			

Reason(s) for infertility (if applicable): \_\_\_\_\_

The desire of the staff at New Life Family Services is hope and healing for people who have had an abortion. It is with that intention that we ask if either of you have experienced an abortion. Please comment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGENCY CRITERIA**

Check if you meet the following agency criteria for adoption:

- \_\_\_ Applicants' ages shall be a maximum of 45 years of age and minimum of 21 years of age.
- \_\_\_ Applicants live within 50 miles of the Richfield office or 75 miles of the Rochester NLFS offices.
- \_\_\_ Applicants are residents of Minnesota for at least six months by the time of Preliminary Application.
- \_\_\_ Applicants are married for at least two years and able to verify marriage.
- \_\_\_ The most recent addition to the applicant's family has been in the home for at least 12 months.
- \_\_\_ Applicants subscribe to New Life Family Services' Statement of Faith. (Page 4 of this application)

**We certify that we have read the New Life Family Services' Statement of Faith and Statement of Personal Faith on page 4 of this application, and we do hereby certify that the above information is true to the best of our knowledge.**

Husband's Signature \_\_\_\_\_ Date \_\_\_\_\_

Wife's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit this application, along with the \$50 processing fee to the address on Page 1 of this application.**

## Statement of Faith

We subscribe to the statement of faith of the National Association of Evangelicals.

1. **We believe the Bible to be the inspired, only infallible, authoritative Word of God.**
2. **We believe that there is one God, eternally existent in three Persons: Father, Son, and Holy Spirit.**
3. **We believe in the deity of our Lord Jesus Christ, in His Virgin Birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father and in His personal return in power and glory.**
4. **We believe that for the salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential.**
5. **We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life.**
6. **We believe in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and that they are lost unto the resurrection of damnation.**
7. **We believe in the spiritual unity of believers in our Lord Jesus Christ.**

## Statement of Personal Faith

New Life Family Services also requires applicants to the adoption program subscribe to the following.

I trust Jesus Christ as my personal Savior and the Lord of my life. I trust in Him alone for the forgiveness of my sins and for the fulfillment of all His promises to me. While I strive to live a godly life and obey God's law, I believe His gift of salvation is based solely on His grace and mercy and is not the result of human deeds or goodness. Through faith in Jesus Christ and acceptance of His forgiveness, I am promised the assurance of eternal life with God.

***“For God so loved the world that He gave His one and only Son, that whoever believes in Him shall not perish but have eternal life.” JOHN 3:16***

***“For it is by grace you have been saved, through faith – and this is not from yourselves, it is the gift of God – not by works, so that no one can boast.” EPHESIANS 2:8-9***

***“For all have sinned and fall short of the glory of God, and are justified freely by His grace through the redemption that came by Christ Jesus.” ROMANS 3:23-24***