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Questionnaire for Prospective Adoptive Couple

Please complete this form together. You may mail, fax, or e-mail the responses.

Applicant 1	Applicant 2	Date
Where we met	When we met/ When we began dating	Marriage date (if applicable)

1. What do you consider the main strengths of your relationship? _____

2. What do you consider the weaknesses of your relationship ? _____

3. How would you say your relationship has changed since you first got together? How have (or will) being parents change your relationship?

4. What activities do you like to do as a couple? _____

5. What activities do you like to do as a family or plan to do when you have children?

6. What do you think you have to offer a child (as a couple)? _____

7. How do you agree on raising children? How do you differ? _____

8. Is there anything else that you want add? _____
