



**HEALTH INSURANCE**

This is to verify that I/we have health insurance through \_\_\_\_\_  
and that any adopted child is covered under this policy from his/her date of birth.

**Please attach a copy of your health insurance card(s).**

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Signature Date

**LIFE INSURANCE**

Covering: \_\_\_\_\_ Company: \_\_\_\_\_ Amount: \_\_\_\_\_

Covering: \_\_\_\_\_ Company: \_\_\_\_\_ Amount: \_\_\_\_\_

Covering: \_\_\_\_\_ Company: \_\_\_\_\_ Amount: \_\_\_\_\_

Covering: \_\_\_\_\_ Company: \_\_\_\_\_ Amount: \_\_\_\_\_

Insurance Beneficiary: \_\_\_\_\_

Do you plan to add your adopted child(ren) as a beneficiary to your life insurance policy?  YES  NO

**GUARDIANSHIP**

Do you have a legal will? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of will: \_\_\_\_\_

Regardless if you do or do not have a legal will, who do you plan to assume guardianship of your child(ren) should you be unable to care for them:

Name(s):	
Relationship:	
Address:	
Phone:	
Profession/Age Guardian 1:	
Profession/Age Guardian 2:	

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Signature Date