

CHILDREN OVER AGE 18

We require information on all children age 18 and older. Print additional pages if necessary.

Child's full name (include middle. If married, use married name)			
Child's date of birth			
How did child join family?	<input type="checkbox"/> birth <input type="checkbox"/> adoption	<input type="checkbox"/> birth <input type="checkbox"/> adoption	<input type="checkbox"/> birth <input type="checkbox"/> adoption
If adopted, state origin country and date adopted	Country Date	Country Date	Country Date
Does child use your address as their permanent address?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If "no", child's current address			
Child's phone number			
Do you claim this child on your taxes as a dependent?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Child's highest education			
Child's employment type			
Marital status			
Physical health/special needs of your child?			
Describe your child's personality?			
How frequently do you have contact with this adult child and via what means (e.g. face to face, phone, email, text, facetime, etc.)	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly Type:	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly Type:	<input type="checkbox"/> daily <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly Type:
Will this adult child serve as a reference for you?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Does this adult child have children?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If "yes", name(s) & age(s)			