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 Email: admin@imagineadoption.ca
 Website: www.imagineadoption.ca

INTENT TO ADOPT

Once you have completed this form, please return it to Imagine Adoption at the address above, email “admin@imagineadoption.ca”, or fax it to (519) 623-1845.

Once returned, a full Application/Retainer Package will be provided to you via XpressPost.

Any and all information contained within this form shall be for the exclusive and confidential use of Imagine Adoption. No information provided herein shall be released, transmitted or transferred in any way to any third party without your express written consent.

Marital Status: Married Single Common Law

Date: _____

	His Information	Her Information
First Name:		
Last Name:		
Date of Birth:		
Address: Please add a courier address if PO Box		
Home Phone Number:		
Business Phone Number:		
Email Address:		

Please select the country that you are interested in adopting from:

Ethiopia Ghana Ecuador

Name of Adoption Practitioner/Social Worker: _____