



**LAURA-VALENTINE MINISTRIES
APPLICATION**

1. NAME(S) OF APPLICANT: _____

2. ADDRESS OF APPLICANT: _____

3. EMAIL ADDRESS: _____

4. CELL & HOME PHONE: _____

5. ANTICIPATED DATE OF ADOPTION: _____

6. NAME OF ADOPTION AGENCY and/or ATTORNEY: _____

7. PREFERRED DATE FOR FUNDRAISER/CONCERT: _____

8. ATTACH COPY OF LAST YEAR'S TAX RETURN

9. ATTACH BIOGRAPHICAL BACKGROUND OF EACH PARENT

10. ATTACH SPIRITUAL SKETCH OF FAMILY INCLUDING:

- a. CIRCUMSTANCES OF EACH PARENT'S JOURNEY TO SAVING GRACE THROUGH JESUS CHRIST.
- b. NARRATIVE EXPRESSING EACH PARENT'S DESIRE TO HAVE CHRIST AS HEAD OF HOME
- c. DESCRIPTION OF PROCESS TO BE UTILIZED TO ASSIST ADOPTED CHILD IN COMING TO SAVE FAITH THROUGH JESUS CHRIST.

11. HOW DID YOU LEARN ABOUT LAURA-VALENTINE MINISTRIES? _____



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12. NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES ATTACHED

13. AMOUNT OF FINANCIAL ASSISTANCE NEEDED: _____

I/WE ARE HEREBY, CERTIFY THAT ABOVE AND ATTACHED INFORMATION IS TRUE, AND THAT THIS INFORMATION IS TO BE USED FOR THE SOLE PURPOSE OF REQUESTING FINANCIAL ASSISTANCE FROM LAURA-VALENTINE MINISTRIES IN ADOPTION OF A CHILD.

I/WE UNDERSTAND THE COMPLETION OF THIS APPLICATION AND IN NO WAY FINANCIALLY COMMITS LAURA-VALENTINE MINISTRIES TO THE SIGNED APPLICANT, AND IN NO WAY GAURENTEES LAURA-VALENTINE MINISTRIES TO PROVIDE FINANCIAL ASSISTANCE TO THE SIGNED APPLICANT.

I/WE FURTHER UNDERSTAND THAT LAURA-VALENTINE MINISTRIES HAS NO INVOLVEMENT IN THE PROCESS OF ADOPTION, AND THEREBY, WE HOLD LAURA-VALENTINE MINISTRIES, ITS OFFICERS AND DIRECTORS HARMLESS FOR ANY LIABILITY WHICH MAY RESULT FROM THE ADOPTION PROCESS.

I/WE FURTHER CERTIFU THAT ANY AND ALL FINANCIAL ASSISTANCE RECEIVED FROM LAURA-VALENTINE MINISTRIES WILL BE USED SOLEY FOR THE ADOPTION PROCESS FOR WHICH THE ATTACHED APPLICATION HAS BEEN COMPLETED. SHOULD, FOR ANY REASON, AN ADOPTION PLACEMENT NOT BE COMPLETED, WITHIN 24 MONTHS OF THE DATE OF THIS SIGNED APPLICATION, IT IS AGREED THAT FINANCIAL ASSISTANCE FROM LAURA-VALENTINE MINISTRIES WILL BE RETURNED TO LAURA-VALENTINE MINISTRIES.

BY SIGNING THIS APPLICATION I/WE AGREE TO ALLOW LAURA-VALENTINE MINISTRIES TO USE PICTURES OF OUR ADOPTED CHILD TO FURTHER THE PURPOSES OF THE FOUNDATION.

PRINTED NAME: _____

DATE: _____

SIGNED NAME: _____

DATE: _____

PRINTED NAME: _____

DATE: _____

SIGNED NAME: _____

DATE: _____

Please Send Completed Application To:
LAURA-VALENTINE MINISTRIES
201 Cargile Lane
Nashville, TN
37205