



ST. ELIZABETH | COLEMAN
PREGNANCY & ADOPTION SERVICES

Adoption Employer Reference

The person listed below has applied with our agency to pursue the adoption of a child. Please complete this form and return to our office at your earliest convenience. This reference form is important in helping us get a total picture of the qualification of the adopting parent(s).

This Reference is for: _____

1. How long and in what capacity have you known the applicant? _____

2. How long has he/she worked for your organization? _____

3. Is he/she a dependable employee? _____

4. How would you rate his/her job security? _____

Name of Business _____

Your Name _____

Address _____

Telephone Number _____

Occasionally Adoptive parents will request a copy or copies of their references. By signing below you will be giving your permission for St. Elizabeth | Coleman Pregnancy and Adoption Services to release a copy or copies to the Adoptive Parents upon their request.

Signature

Date