



Lutheran Counseling
& Family Services

PERSONAL REFERENCE REQUEST

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Please Print Your Name(s): _____

And the Names of the Applicants: _____

How long have you known the husband? _____

How long have you known the wife? _____

What is your relationship to them? _____

How often do you see them? _____

Have you seen these applicants relate to children? Yes No

Please explain: _____

Please comment on how they parent or relate with children: _____

Please comment on how they discipline: _____

How do these applicants get along with:

Each other: _____

Relatives: _____

Neighbors: _____



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Are you aware of any family, marital, legal or drug related problems (including alcohol abuse or financial stress situations that the applicants have experienced)?

Yes No

If so, please explain:

Is this family active in their church or community? Yes No

Please comment: _____

What is your opinion of their plan to pursue adoption?

Please add any further statements about their family decision: _____

Signature

Signature

Date