



# A Center for Adoption Services

206.954.5253

Dru@DruGroves.org

[www.DruGroves.org](http://www.DruGroves.org)

## Address History

**APPLICANT NAME** (first, middle & last): \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please list ALL address information for the past FIVE (5) consecutive years, including dates at each residence.**  
If unsure of exact dates, provide approximate timeframes. If address is unknown, provide city/county of residence.

**CURRENT ADDRESS:**

NUMBER

STREET

CITY

STATE

ZIP

DATES OF RESIDENCE: \_\_\_\_\_

**PREVIOUS ADDRESSES:**

NUMBER

STREET

CITY

STATE

ZIP

DATES OF RESIDENCE: \_\_\_\_\_

NUMBER

STREET

CITY

STATE

ZIP

DATES OF RESIDENCE: \_\_\_\_\_

NUMBER

STREET

CITY

STATE

ZIP

DATES OF RESIDENCE: \_\_\_\_\_

*If there are more addresses, please include that information on the reverse side.*