

Application to adopt a child (01/04)

All the information collected in this questionnaire are needed to process your application. The details provided will be used solely for the adoption process. The legal basis for recording this questionnaire is § 7 of the German Adoption Law (Adoptionsvermittlungsgesetz). The information is protected under data protection legislation and will therefore be treated as confidential.

Should an adoption not take place, these documents will be destroyed three years after the last contact between you and the Adoption Centre.

Personal data

	Female applicant	Male applicant
Surname		
First name		
Date of birth		
Place of birth		
Nationality		
Religion		
Partners since		
Married on		
School leaving certificate		
Vocational training		
Current job		
Address		
including State		
Telephone number (home)		
Telephone number (work)		
Fax number/email address		

Please write email addresses very clearly! Thank-you!

Family situation

	Female applicant		Male applicant	
	Name	Date of birth	Name	Date of birth
Mother				
Father				
Siblings				

Is this the first time both partners have been married?

Children:

Do you have:

legitimate children illegitimate children adopted children foster children

Children's names, dates of birth and where they live:



What other people live with you in your home?:

Type of home:

Economic circumstances:

Monthly income (net):

Male applicant

Female applicant:

Monthly outgoings:

Rent/mortgage

Debts



Are you prepared to change the way you work in order to provide continuous care for a child placed with you for his/her well-being?

Have you registered as adoption applicants with your local adoption service (Youth Welfare Office, independent agencies)?

Yes No

Is the local adoption process already at an advanced stage? Has a general approval for adoption been granted?

Yes No

Has a home study report already been produced (process completed, including home visit)?

Yes No

Do you authorise us to request your documents from the local adoption service and, if necessary, to make inquiries with other relevant authorities and to keep your local Youth Welfare Office informed regarding the progress of your adoption application?

Yes No

Name, address, telephone number and email address of social worker, if applicable

Relevant State Youth Welfare Office? _____

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9. Many children have uncertain developmental prognoses, e.g. if the parents suffered from addiction or mental illness, as a result of premature birth, genetic disorders, or injury during pregnancy or birth.

Yes Maybe No

10. Parents are also sought for children with life-shortening diseases such as tumours, cancer, AIDS or a range of metabolic disorders.

Yes Maybe No

11. Sometimes, there is not sufficient information available on the child's previous history, e.g. if the parents cannot or can no longer be found.

Yes Maybe No

12. Can you imagine helping your adopted child to make contact with his/her birth family?

Yes Maybe No

By signing this form, you are confirming that you have received a copy of the "Information Sheet on the Intercountry Adoption process" and that you are familiar with its contents.

Declaration of the adoption applicants:

We are prepared to provide additional information and any documentation required in addition to the documents submitted.

We are prepared to notify you of any changes to our personal, professional and financial circumstances.

We declare that the details provided are complete and correct.

We know that we have no legal right to adopt a child.

Place and date: _____

Signature of female applicant

Signature of male applicant