# **APPLICATION FOR ADOPTION ORDER**

# PART 1 – SECTION A

### (To be completed where the application is being made by two persons jointly)

We, the undersigned, being a couple living together, desire to adopt the child named or described in this application form. We understand that if an Adoption Order is granted to us in respect of the child, we shall be fully responsible for the child's upbringing and we voluntarily undertake to discharge that responsibility in so far as we are able. We have not received or made, or agreed to receive or make, any payment whatsoever in consideration of the adoption of this child.\*

Applicant #1 name in block capitals: \_\_\_\_\_\_

Signature: \_\_\_\_\_

Applicant #2 name in block capitals:

Signature: \_\_\_\_\_

Date:

\* Payments made or received in respect of the child's maintenance, or solicitors' remuneration for professional services are not referred to here.

## PART 1 – SECTION B

### (To be completed where the application is being made by one person)

I, the undersigned person, desire to adopt the child named or described in this application form. I understand that if an Adoption Order is granted to me in respect of the child, I shall be responsible for the child's upbringing and I voluntarily undertake to discharge that responsibility in so far as I am able. I have not received or made, or agreed to receive or make, any payment whatsoever in consideration of the adoption of this child. \* \*

Applicant's name in block capitals: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\* Payments made or received in respect of the child's maintenance, or solicitors' remuneration for professional services, are not referred to here.

# PART 2 – SECTION A – APPLICANT #1

(To be completed in <u>BLOCK LETTERS</u>)

1.	Name:	Surname:			
2.	Date of Birth: Day	Month	Year	Year	
3.	Place of Birth:	Count	Country		
4.	P.P.S. No				
5.					
6.	Contact telephone no. Hon	ne:Work:	Mobile:		
7.	Occupation:				
8.	Are you habitually resident in the State and, if so, since when? Yes $\Box$ No $\Box$				
If 'yes', please give the following information: DayMonth			MonthYe	ear	
9.	Religious denomination:				
10.	Relationship (if any) to the	child:			
11.	Relationship (if any) to Applicant #2, (if applicable)				
12.	Relationship (if any) to chil	d's parent, (if applicable)			

# **PART 2 – SECTION B – APPLICANT #2** (If applicable. To be completed in <u>BLOCK LETTERS</u>)

13.	Name:	_Surname:		
14.	Date of Birth: DayMo	onth	Year	
15.	Place of Birth:	Country		
16.	P.P.S. No			
17.	Address:			
18.	Contact telephone no. Home:	Work:	_Mobile:	
19.	Occupation:			
20.	Are you habitually resident in the State and, if so, since when? Yes $\square$ No $\square$			
	If 'yes', please give the following information: DayMonthYear			
21.	Religious denomination:			
22.	Relationship (if any) to the child:			
23.	Relationship (if any) to Applicant #1:			

# PART 2 – SECTION C – CATEGORY OF ADOPTER(S)

(To be completed in **BLOCK LETTERS**)

### 24. What category of adopter(s) are you? (Select ONE)



Sole Applicant #1 is married, in a civil partnership or co-habiting but is adopting as a sole applicant.

Sole Applicant #2 is not married, in a civil partnership or co-habiting.

**25.** If either applicant was married or in a civil partnership previously, please provide full details here.

Details should include names, date of marriage/civil partnership, date of divorce/annulment, details of separation, date of death of spouse / civil partner etc.

### PART 2 – SECTION D (To be completed in <u>BLOCK LETTERS</u>)

**26.** (a) Have you previously applied for a Declaration of Eligibility and Suitability from the Adoption Authority of Ireland? Yes  $\Box$  No  $\Box$ 

If yes, please give the following details:

Reference No.:				
Date of Issue:	Day	Month	Year	

Date of Expiry: Day	Month	Year

(b) Has there been any material (i.e. significant or important) change in your circumstances since the issue

of the Declaration of Eligibility and Suitability? Yes  $\Box$  No  $\Box$ 

If **yes**, please give details: \_\_\_\_\_\_

### PART 2 – SECTION E

### (To be completed in **BLOCK LETTERS**)

### (The particulars given in this section should be those in respect the child of to which this application refers)

28.	(a) Forename(s) of child to whom this application refers				
	(b) Surname of child (as on l	birth certificate/deed	d poll)		
29.	Date of Birth: Day	Month		Year	
30.	Place of Birth:		Country		
31.	P.P.S. No				
32.	Sex of child: Male 🗆 Female				
33.	If the child has been placed in your care please give the name and address of person or body from whom				
	you received the child:				
	Name:				
	Address:				
34. 25	Date on which you took the	child under your care	e: DayMont	th	Year
35.					

### **Privacy Statement**

The Adoption Authority of Ireland will treat all information and personal data that you provide as confidential, in accordance with the General Data Protection Regulation and Data Protection Legislation.