



Republic of the Philippines
Inter-Country Adoption Board
No. 2 Chicago cor Ermin Garcia Streets
Barangay Pinagkaisahan, Cubao, Quezon City

APPLICATION FOR INTER-COUNTRY ADOPTION

Greetings!

We/I _____, _____ years of age,
(citizenship) and _____, _____ years of age,
(citizenship) _____ residing and with postal address at
_____ hereby apply for
the adoption of a Filipino child/children and state the following:

Part 1. Undertaking

Please tick off.

- / / That we/I are/am qualified to be adoptive parents under our national laws;
- / / That we/I have the capacity act and to assume all rights and responsibilities of parents under our national laws;
- / / That we/I have not been convicted of a crime involving moral turpitude;
- / / That we/I am capable of providing support and proper physical, social and psychological care to all of our children including the child/children we intend to adopt;
- / / That in the event of disruption of the pre-adoptive placement, we/I shall undertake the responsibility of assuming the airfare of the child and traveling companion and miscellaneous expenses that may be incurred in connection with child's return to the Philippines;
- / / That we/I shall file the petition for the adoption with the proper court or tribunal in our country not later than six (6) months after the termination of the pre-adoptive placement;
- / / We/I agree to uphold the basic rights of the child under our/my national laws, and the Child and Youth Welfare Code of the Philippines (PD 603) as well as the UN Convention on the Rights of the Child;
- / / That we/I agree to abide by the Implementing Rules and Regulations promulgated by the Inter-Country Adoption Board; and
- / / That we/I did not in any manner try to induce, coerce or influence the biological parents/guardians/child caring or placing agency in favor of this application.

Part 2. Information and Personal Data of Applicants for Inter-Country Adoption

(For PAPs to fill in themselves)

I. Identifying Data

	Male Applicant / Husband	Female Applicant / Wife
Name		
Age		
Date of Birth		
Place of Birth		
Nationality / Citizenship		
Address / Residence		
Highest Educational Attainment		
Health Status, specify presence of disability if any		
Marital Status		
If married, date and place of marriage		
Date of previous marriage, if any, and manner of termination		
Military Service, if any <ul style="list-style-type: none"> ▪ Year ▪ Branch ▪ No. of years 		
Hobbies and Interests		
Membership in Association/Clubs/Organizations		

II. Economic Data

	Male Applicant / Husband	Female Applicant / Wife
Present Occupation or Employment		
Name of Employer		
Business Address		
Telephone Number		
Salary per Month (in US \$)		
Income other than salary, specify		
Insurance		
Savings		
Real Properties		

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III. Family Composition

A. List of all individuals living with applicants in present address.						
Name	Relationship	Age	Date of Birth	Sex	Educational Attainment	Physical, Mental status; specify disability, if any

B. List of all children of applicants living away from them, if any.						
Name	Where living/with whom living	Age	Date of Birth	Sex	Educational Attainment	Physical, Mental status; specify disability, if any

IV. We/I have applied to adopt a child with (agencies and/or other countries) and the status of our application/s are.

V. We/I decided to apply for a Filipino child because

VI. We feel our family can care for child/children (include age, sex, physical, mental and emotional characteristics, etc.) who is/are

VII. We/I are childless because

VIII. Our/My experience in caring for children

IX. Our/My experience of being cared for by our/my parents are

X. If for some reasons at certain times, we cannot attend personally to the needs of the child, we have the following alternative provisions:

XI. Our reactions to contact after adoption of the child/children by the Department of Social Welfare and Development, Inter-Country Adoption Board, or any agency involved in this adoption are:

Oath or Affirmation of Deponent

We/I swear (affirm) that I have read and understood the undertaking and attest that the contents and statements in this application are true and correct.

Signature of Deponent(s)

SUBSCRIBED AND SWORN to (affirmed) before me this _____ day of _____,
_____ at _____.

Name / Title of Officer Administering Oath

My commission expires on: _____

Note: Pursuant to Section 29 of the Rules and Regulations on Inter-Country Adoption, the following fees shall be paid to ICAB:

1. Filing Fee – Two Hundred US Dollars (US \$200) upon application.
2. Processing Fee – Two Thousand US Dollars (US \$2000) upon acceptance of the matching proposal for processing and operational expenses of the inter-country adoption programs and other charges and assessment for child care and placement programs and services
3. Child Care Support Fund – One Thousand US Dollars (US \$1,000)