ICAB Form No.1

March 2007

 

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** *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* |  |  |

*III. Family Composition*

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| --- |
| **A. List of all individuals living with applicants in present address.** |
| Name | Relationship | Age | Date of Birth | Sex | EducationalAttainment | Physical, Mental status; specify disability, if any |
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| **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 |
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IV. We/I have applied to adopt a child with (agencies and/or other countries) and the status of our application/s are.

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

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

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VII. We/I are childless because

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VIII. Our/My experience in caring for children

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

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

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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:

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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)