

APPLICATION FOR ADOPTION (PEOPLE'S REPUBLIC OF CHINA)
APPLICANTS: MR. Name _____ and MS. Name _____ (his
wife) SCHEDULE OF DOCUMENTS

1. Adoption Application:

Mr Name _____ and Ms. Name _____ (his wife) Date: xxth Month... 20xx

2. Birth Certificates:

a) Registration No. _____ Date of Birth: xxth Month 19xx
Name: Name _____ in full

b) Registration No. _____ Date of Birth: xxth Month 19xx
Name: Name _____ in full

3. Marital Status Certificate:

No. _____ Date of Marriage: xxth Month 19xx

Names: Name _____ and Name _____

4. Certificates of Profession, Income and Property:

a) Name _____:

Certificate of Earnings, Employment and Income issued by Name _____:(TITLE),
.....COMPANY NAME AND ADDRESS _____ Date : xxth Month 20xx.

b) Name _____:

Certificate of Earnings, Employment and Income issued by Name _____:(TITLE),
.....COMPANY NAME AND ADDRESS _____ Date : xxth Month 20xx.

4(a) Certificate of Financial Status (Form 1)

signed by Name _____ and Name _____ Date : xxth Month 20xx

4(b) Evidence of Home Ownership

signed by Name _____: (Title), Bank Name _____, Bank Address..... Ireland.
Date : xxth Month 20xx.

5(a) Health Examination Certificates re Name _____

a) Form 2: Certificate of General Physical Examination for Adoption Applicant, issued by Dr.
Name _____, , M.D. Licence No. _____; Date : xxth Month 20xx

b) Medical Report issued by Dr....., Address, Ireland;
Date : xxth Month 20xx

c) Microbiology Report, _____ Hospitals Lab; Date : xxth Month 20xx

d) Microbiology Report, _____ Hospitals Lab; Date : xxth Month 20xx

e) Biochemistry Laboratory, _____ Hospital ; Date : xxth Month 20xx

f) Haematology Department, / _____ Hospitals; Date : xxth Month 20xx

5(a) Health Examination Certificates re Name _____

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e) Biochemistry Laboratory, _____ Hospital ; Date : xxth Month 20xx

f) Haematology Department, / _____ Hospitals; Date : xxth Month 20xx

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6. Police Certificates of Character:

a) Name _____:

issued by Superintendent W _____, An Garda Siochana; ; Date : xxth Month 20xx

b) Name _____:

issued by Superintendent W _____, An Garda Siochana; ; Date : xxth Month 20xx

7. Inter-Country Adoption Assessment: (__ pages)

issued by Name _____, Social Worker, Health Service Executive - _____ Area,

Address: _____ Date : xxth Month 20xx

8. Commitment to Guardianship:

Signed by Name _____ and Name _____; witness: SW _____;

Date : xxth Month 20xx

9. Declaration of Eligibility and Suitability to adopt abroad:

Issued by An Bord Uchtala (The Adoption Board), Shelbourne House, Shelbourne Road, Ballsbridge, Dublin 4, Dublin, Ireland; Kiernan Gildea, Registrar, Reference _____; Date : xxth Month 20xx

10. Letter of Introduction from the An Bord Uchtala (The Adoption Board)

Signed by _____, for Registrar, An Bord Uchtala (The Adoption Board), Shelbourne House, Shelbourne Road, Ballsbridge, Dublin 4, Ireland; Date : xxth Month 20xx

11. Photocopies of Extracts from Applicants' Passports:

a) Ref: _____ Name: _____ Date of Issue: Date : xxth Month 20xx

b) Ref: _____ Name: _____ Date of Issue: Date : xxth Month 20xx

12. Affidavits of Identity:

(a) Name _____ and (b) Name _____

13. Photocopy Immigration Clearance Certificate

issued by Department of Justice, Equality and Law Reform, 72-76 St. Stephen's Green, Dublin 2, Ireland; Ms. Paula Jacobs, Immigration & Citizenship Division; Date : xxth Month 20xx

14. Passport size Photographs of Applicants:

15. Six Photographs reflecting the Family's Lifestyle

1. to 6. listing by title.

16. Power of Attorney: Husband to Wife / Wife to Husband