



**AU –FORM B**

**ADOPTION APPLICATION FORM - MARRIED COUPLE**

Application number: \_\_\_\_\_

**General Information**

1. \_\_\_\_\_  
 Surname First Name Middle  
 Name
2. \_\_\_\_\_  
 Surname First Name Middle  
 Name

**Female applicant**

**Male applicant**

3a. DOB \_\_\_\_\_  
 (dd/mm/yyyy)

3b. DOB \_\_\_\_\_  
 (dd/mm/yyyy)

4a. ID # \_\_\_\_\_

4b. ID # \_\_\_\_\_

5a. Age \_\_\_\_\_

5b. Age \_\_\_\_\_

6a. Telephone Contact \_\_\_\_\_ (c)  
 \_\_\_\_\_ (h)

6b. Telephone Contact \_\_\_\_\_ (c)  
 \_\_\_\_\_ (h)

7a. Email \_\_\_\_\_

7b. Email \_\_\_\_\_

8a. Current Address \_\_\_\_\_  
 \_\_\_\_\_

9a. Mailing Address (if different from current) \_\_\_\_\_  
 \_\_\_\_\_

10 a. Occupation \_\_\_\_\_

10b. Occupation \_\_\_\_\_

**ADOPTEE PROFILE**

**IF A CHILD HAS BEEN IDENTIFIED:**

Full Name	Date of Birth dd/mm/yyyy	Age	Sex	Country of Origin	Date of Placement/ Date to be Placed ( child received into your care)	Relationship to Applicant(s)

**11. Ethnicity of female applicant:**

- African
- East Indian
- Mixed
- Syrian/Lebanese

**12. Ethnicity of male applicant:**

- African
- East Indian
- Mixed
- Syrian/ Lebanese

Other \_\_\_\_\_

13. **Highest level of education attained:**

**Female Applicant**

Primary

Secondary

Tertiary

Other \_\_\_\_\_

**Male Applicant**

Primary

Secondary

Tertiary

Other \_\_\_\_\_

14. **Religion:**

Please Specify: \_\_\_\_\_

15. Why do you wish to adopt? (Female Applicant) \_\_\_\_\_

16. Why do you wish to adopt? (Male Applicant) \_\_\_\_\_

**MARRIAGE:**

**Female Applicant**

17a. Is this your first marriage: \_\_\_\_\_

17b. If not, information about first marriage \_\_\_\_\_

17c. Date of current marriage \_\_\_\_\_

17d. Marriage Certificate # \_\_\_\_\_

**Male Applicant**

Is this your first marriage: \_\_\_\_\_

If not, information about first marriage \_\_\_\_\_

Date of current marriage \_\_\_\_\_

**FAMILY TYPE**

(Please identify the type of family unit you currently live in)

- Nuclear** (a couple and their dependent children, two (2) parents)
- Extended Family** (a family which extends beyond the nuclear family to include grandparents and other relatives)
- Blended Family** (a family consisting of a couple, the children they have had together, and their children from previous relationships)
- Other** (please specify): \_\_\_\_\_

**CRIMINAL HISTORY OF FEMALE APPLICANT**

- I. Have you ever been arrested for an offence other than a minor traffic violation? Applicant  
 Yes  No
- If yes, please provide details: \_\_\_\_\_
- II. Have you ever been convicted of a crime in Trinidad and Tobago?  Yes  No
- III. Have you ever been convicted of a crime in another country outside of Trinidad and Tobago?  Yes  No
- Please provide the name of the country: \_\_\_\_\_
- IV. As far as you know have you ever been reported to the Children's Authority, the Police Service  Yes  No or any other agency for alleged child abuse, neglect or abandonment?
- V. Have you ever been deported? Yes No

**OTHER COUNTRIES LIVED IN**

COUNTRY	LENGTH OF STAY

**CHILDREN OF COUPLE**

Full Name	Date of Birth dd/mm/yyyy	Sex	Relationship (Step-child, child, adoptive child)

**LIST OF OTHER FAMILY MEMBERS IN THE HOUSEHOLD**

Full Name	Date of Birth dd/mm/yyyy	Sex	Phone Number	Relationship

**CRIMINAL HISTORY OF MALE APPLICANT**

I. Have you ever been arrested for an offence other than a minor traffic violation? Applicant  
 Yes  No

If yes, please provide details: \_\_\_\_\_

II. Have you ever been convicted of a crime in Trinidad and Tobago?  Yes  No

III. Have you ever been convicted of a crime in another country outside of Trinidad and Tobago?  Yes  No

Please provide the name of the country: \_\_\_\_\_

IV. As far as you know have you ever been reported to the Children's Authority, the Police Service or any other agency for alleged child abuse, neglect or abandonment?  Yes  No

V. Have you ever been deported? Yes No

**FOSTER CARE/ ADOPTION HISTORY**

1. Have you ever been a foster parent  Yes  No

If yes, check one:  Children's Authority  National Family Services  Other: \_\_\_\_\_

Authority

2. Have you previously applied to adopt a child?  Yes  No

3. If yes, was the adoption successful (received a child into your care)?  Yes  No

If no, please briefly state why: \_\_\_\_\_

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**IF CHILD HAS NOT BEEN IDENTIFIED, PLEASE INDICATE YOUR PREFERENCES:**

You may select more than one in each category

**Age(s):**

Preferred age range: \_\_\_\_\_

No Preference

**Sex:**

Male Only

Female Only

No Preference

**Ethnicity:**

African

East Indian

Mixed (African & Indian)

Mixed (Other)

Portuguese

Chinese

Caucasian

Indigenous

Syrian

Lebanese

Other

**Sibling (Group of):**

2

3

4

5 or more

**Check all conditions that you are willing to accept**

History of physical abuse/neglect

History of sexual abuse

History of mental illness

History of emotional abuse

Chronic illness (diabetes, asthma)

Developmentally delayed

Learning disabled

Alcohol/Drug exposed

Challenging Behaviour

Adverse parent background

Different religious faith

Different ethnic/cultural background

Child who is a product of rape

Child whose birth parents have HIV/AIDS

Child whose birth parents used alcohol and drugs



**ALTERNATE CARERS**

Please provide the name and contact information for a person or married couple who you believe is best able to care for your adopted child in the event that any unfortunate circumstance prevents you from doing so. (Please note that this person or couple can be related to you and would be interviewed).

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**REFERENCES**

Please list the name, address and telephone number of three individuals who have knowledge of your home environment, lifestyle and capability to be an adoptive parent. A minimum of two persons **must not** be related.

Name	Telephone Number	Mailing Address

**Confidentiality Clause:** *All information contained herein is considered confidential and is to be used only for the processing of this application for the Adoption of a child.*

I, .....hereby certify that the information given is true and correct. I understand that the information given will be checked by conducting home visits and background checks and do hereby authorise the Children's Authority of Trinidad and Tobago and its agents/employees to take such steps as are necessary to verify the information given. I understand that questions may be asked about my educational background, employment history, character, family and other visitors to my home.

\_\_\_\_\_  
Signature of Female Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Male Applicant

\_\_\_\_\_  
Date