



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)

3.b DOB

(dd/mm/yyyy)

4a. ID #

4b. ID #

5a. Age

5a. 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)

10a. 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)

BIRTHPARENTS/ INFORMATION

Full Name	Contact Information	Date of Birth	Last known Address	Country of Origin	Relationship to Applicant(s)

**11. Race/ethnicity of female applicant:**

African descent ☐

East Indian descent ☐

Mixed ☐

Syrian/Lebanese descent ☐

Other \_\_\_\_\_

**12. Race/ethnicity of male applicant**

African descent ☐

East Indian descent ☐

Mixed ☐

Syrian/Lebanese descent ☐

**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) \_\_\_\_\_**

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

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**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 dependents 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 relationship)

☐ 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, 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 crim in Trinidad and Tobago? Yes ☐ No ☐

IV. 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, neglect or abandonment?

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 \_\_\_\_\_

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 PREFERENCE:**

Age:

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

☐ No Preference

**Sex:**

- ☐ Male Only  
☐ Female Only  
☐ No Preference

**Ethnicity:(Select one)**

- |  |   |                                |
|--|---|--------------------------------|
| <input type="checkbox"/> African descent                             | <input type="checkbox"/> Chinese descent  | <input type="checkbox"/> Other |
| <input type="checkbox"/> East Indian descent                         | <input type="checkbox"/> Caucasian        |                                |
| <input type="checkbox"/> Mixed (African descent &<br>Indian descent) | <input type="checkbox"/> Indigenous       |                                |
| <input type="checkbox"/> Mixed (Other)                               | <input type="checkbox"/> Syrian descent   |                                |
| <input type="checkbox"/> Portuguese descent                          | <input type="checkbox"/> Lebanese descent |                                |

**Sibling (Group of):**

- |                            |                                    |
|----------------------------|------------------------------------|
| <input type="checkbox"/> 2 | <input type="checkbox"/> 4         |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 5 or more |

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

- |   |  |
|---|--|
| <input type="checkbox"/> History of physical abuse/neglect  | <input type="checkbox"/> Adverse parent background                       |
| <input type="checkbox"/> History of sexual abuse            | <input type="checkbox"/> Different religious faith                       |
| <input type="checkbox"/> History of mental illness          | <input type="checkbox"/> Different racial/ethnic/cultural background     |
| <input type="checkbox"/> History of emotional abuse         | <input type="checkbox"/> Child who is a product of rape                  |
| <input type="checkbox"/> Chronic illness (diabetes, asthma) | <input type="checkbox"/> Child whose birth parents have HIV/AIDS         |
| <input type="checkbox"/> Developmentally delayed            | <input type="checkbox"/> Child whose birthparents used alcohol and drugs |
| <input type="checkbox"/> Learning disabled                  |  |
| <input type="checkbox"/> Alcohol/Drug exposed               |  |
| <input type="checkbox"/> Challenging Behaviour              |  |



**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). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 **who are not related to each other.**

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

**Documents to be submitted ( where applicable) upon the request of the Adoption Unit;**

- Two forms of photo identification (Non –nationals must present their passports)
- Birth certificate(s) of applicant(s)
- Birth certificate of identified child
- Police Certificate of Character issued within (6) months of application
- Name of three (3) referees and contact information
- Medical completed by a Medical Professional on the Authority’s medical form
- Results of blood tests; VDRL, HIV and chest X-ray report for Applicant(s)
- Results of blood tests for identified child; Hemoglobin Electrophoresis, G6PD, VDRL, HIV, CBC
- Marriage Certificate if married
- Divorce Decree Nisi/Decree absolute if divorced
- Certified copy of death registration of spouse
- 1 passport and 1 full length photo of the Applicant(s)
- 1 passport and 1 full length photo of the child
- Financial information a) Job letter/Statement of savings (Bank, credit union, UTC, etc.)
- Any other relevant documentation that the Authority may require