

**AU - FORM A**

**ADOPTION APPLICATION FORM - SINGULAR APPLICANT**

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

**A. GENERAL INFORMATION OF THE APPLICANT**

\_\_\_\_\_  
First Name Middle Name Surname

\_\_\_\_\_  
Maiden Name (Alias/Nickname)

**1. Current Address:**

\_\_\_\_\_  
\_\_\_\_\_

**2. Mailing Address (if different from current):**

\_\_\_\_\_  
\_\_\_\_\_

**3. DOB:** \_\_\_\_\_ **4. Age:** \_\_\_\_\_ **5. ID/DL/PP #:** \_\_\_\_\_  
(dd/mm/yyyy)

**6. Nationality:** \_\_\_\_\_ **7. Telephone Contact:** \_\_\_\_\_ (h)

**8. Email:** \_\_\_\_\_ (c) \_\_\_\_\_ (w)

**9. Race/ethnicity:**

- African  Mixed (African & East Indian)  
 East Indian  Caucasian  
 Chinese  Hispanic  
 Syrian  Other: \_\_\_\_\_  
*(please specify)*

**10. Marital Status: Tick all that applies**

- Single  Common-Law  
 Never Married  Legally Separated  
 Married  Divorced  
 Widowed  Other: \_\_\_\_\_  
*(please specify)*

**11. Occupation:** \_\_\_\_\_

**12. Type of employment:**

- Permanent  Retired  
 Temporary  Unemployed  
 Full Time  Self-Employed  
 Part Time  Other: \_\_\_\_\_

**13. Employer's Name, Address & Contact**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. Education obtained: Tick all that applies**

- No Schooling  Certificate  
 Primary  Diploma  
 Secondary  Degree: \_\_\_\_\_  
 Trade  Other: \_\_\_\_\_  
*(please specify)*

**15. Religion:** \_\_\_\_\_

**16. Primary Language:** \_\_\_\_\_

**17. Secondary Language:** \_\_\_\_\_

**18. Why do you wish to adopt?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. MARRIAGE DETAILS OF THE APPLICANT**

*Fill out if you are married but applying as a single Applicant*

Name of spouse: \_\_\_\_\_

Reason why spouse is not applying: \_\_\_\_\_

Date of current marriage: \_\_\_\_\_ Marriage Certificate #: \_\_\_\_\_  
(dd/mm/yyyy)

Is this your first marriage?  Yes  No

If no, please provide details: \_\_\_\_\_

*Fill out if divorced*

The Decree Nisi has been issued  The Decree Absolute has been issued

*If common-law:* \_\_\_\_\_ *Other:* \_\_\_\_\_  
(Name of Partner) (please specify)

**C. CRIMINAL HISTORY OF THE APPLICANT**

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

V. Have you ever been deported?  Yes  No

**D. OTHER COUNTRIES LIVED IN**

*(Please give details for the last five years)*

Country	Date Arrived (dd/mm/yyyy)	Date of Departure (dd/mm/yyyy)	Length of Stay	Reason for Stay
1.				
2.				
3.				
4.				

**E. FAMILY TYPE**

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

- Single (individual only)
- Nuclear (a married couple and their children)
- Common-Law (a couple living together, but not married to each other)
- 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)*: \_\_\_\_\_

**F. CHILDREN OF THE APPLICANT**

**MINOR CHILDREN OF THE APPLICANT**

Full Name	Date of Birth	Sex	Lives in Home Yes/No	Do you financially support adult child Yes/No	Address/Phone Number	Relationships (Step-child, child adoptive child)

**ADULT CHILDREN OF THE APPLICANT**

Full Name	Date of Birth	Sex	Lives in Home Yes/No	Do you financially support adult child Yes/No	Address/Phone Number	Relationships (Step-child, child adoptive child)

**G. OTHER PERSONS IN THE HOME**

Full Name	Date of Birth dd/mm/yyyy	Relationship to the Applicant

**H. FOSTER CARE/ ADOPTION HISTORY**

- Have you ever been a foster parent?  Yes  No  
If yes, check one:  Children's Authority  National Family Services  Other: \_\_\_\_\_
- Have you previously applied to adopt a child?  Yes  No
- If yes, was the adoption successful (received a child into your care)?  Yes  No  
If no, please briefly state why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**K. 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 married couple can be related to you and would be interviewed. Your alternate carers must be different from your references.**

Name	Telephone Number	Mailing Address

---

*Confidentiality clause: All information contained herein is considered confidential and will only be used 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 and 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. I understand that providing inaccurate and or incomplete information may result in delays in the processing of my application and or may even result in denial of my application.

\_\_\_\_\_

*Signature of the Applicant*

\_\_\_\_\_

*Date*

*Proceed to the next page to view a list of requisite documents and additional information.*

**Documents to be submitted along with the completed application form:**

- Two forms of photo identification for each Applicant (Non –nationals must present their passports)
- Birth certificate of each Applicant
- Marriage Certificate of the Applicants
- Police Certificate of Character issued within (6) months of application (*for yourself and any household member over the age of 18 years*)
- One passport sized photo of each Applicant
- One full length photo of each Applicant
- A job letter for each Applicant (*if applicable*)
- Statement of savings (Bank, Credit Union, UTC, etc.) for each Applicant (*if applicable*)
- Divorce Decree Nisi or Decree absolute (*if applicable*)
- Certified copy of death registration of spouse (*if applicable*)

**Documents to be submitted along with the completed application form if a child has been identified:**

- Birth certificate of identified child/ren
- One passport sized photo of the child/ren
- One full length photo of the child/ren
- Certified copy of death registration of birthparent (s) (*if applicable*)

**Documents or information to be submitted upon the request of the Adoption Unit:**

- The Authority's Prospective Adoptive Parent Medical Evaluation Form to be completed by a Registered Medical Professional.
- Results of blood tests for adults: VDRL, HIV, CBC, Urinalysis and chest X-ray report for Applicant(s)  
*Thyroid Function Test (if applicable) & HbA1c (if diabetic)*
- The Authority's Paediatric Health Evaluation Medical Form to be completed by a Registered Paediatrician
- Results of blood tests for identified child/ren: Hemoglobin Electrophoresis, G6PD, VDRL, HIV and CBC
- Names of three (3) additional referees and contact information for each Applicant: *for background check*
- Any other relevant documentation or information that the Authority may require

***NB: Medical Forms will be provided by the Adoption Unit at your initial interview***