

ICAB Form No. 1
January 1996

Republic of the Philippines
Inter-Country Adoption Board
No. 2 Chicago corner Ermin Garcia Streets
Barangay Pinagkaisahan, Cubao, Quezon City

APPLICATION FOR INTERCOUNTRY 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 I
UNDERTAKING

(Please tick off)

- That we are/I qualified to be adoptive parents under our national laws;
- That we/I have the capacity to 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 of the Rights of the Child;
- That we/I agree to abide by the Implementing Rules and Regulation promulgated by the Inter - Country Adoption Board;
- That We/I did not in any manner try to induce, coerce or influence the biological parents/guardian child caring/placing agency in favor of this application.

PART II (For PAP's to fill in themselves)

**Information and Personal Data of Applicants
for Inter-Country Adoption**

	Male Applicant Husband	Female Applicant Wife
I Identifying Data:		
Name	_____	_____
Age	_____	_____
Date of Birth	_____	_____
Place of Birth	_____	_____
Nationality/Citizenship	_____	_____
Place of Birth	_____	_____
Address/Residence	_____	_____
Telephone No.	_____	_____
Religion	_____	_____
Highest Educational Attainment	_____	_____
Health Status, specify Presence of disability, if any	_____	_____
Marital Status	_____	_____
If married, date, and place	_____	_____
Date of previous marriages(s) If any, and manner of termination	_____	_____
Military service (if any)	_____	_____
Year	_____	_____
Branch	_____	_____
Number of years	_____	_____
Hobbies/Interests	_____	_____
Membership in any Associations/ Clubs/Organizations	_____	_____
II Economic Data:		
Present Occupation of Employment	_____	_____
Name of Employer	_____	_____
Business Address	_____	_____

Telephone Number		
Salary per Month		
Income other than salary, specify		
Insurance		
Savings		
Real Properties		
Present Occupation of Employment		

III Family Composition:

A. List of all individuals living with applicants in present address

Name	Relationship	Age	Sex	Educational Attainment	Physical, Mental status, specify disability, if any

B. List of children of applicants living away from them, if any

Name	Where living /with whom living	Birth date	Sex	Educational Attainment	Physical, Mental status, specify disability, if any

IV. I have applied to adopt a child with (agencies and/or other countries) and the status of our application/s are:

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

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

IV. I have applied to adopt a child with (agencies and/or other countries) and the status of our application/s are:

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

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

VII. I/We are childless because:

VIII. My/Our experience in caring for children:

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

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

XI. Our reactions to contact after adoption of the child/ren by the Department of Social Welfare and Development, Inter-Country Adoption Board, or any agency involved in this adoption are:

OATH OR AFFIRMATION OF DEPONENT

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: _____

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 – ONE HUNDRED DOLLARS (US\$100) upon application;
2. Processing Fee – NINE HUNDRED DOLLARS (US\$900) 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.
For special needs children, processing fee is FOUR HUNDRED DOLLARS (US\$400).

