

Name(s)

Passport #'s

U.S.A

U.S.A

Address:

Married: (City and date)

**TO THE DEPARTMENT OF EDUCATION CUSTODY AND CARE COUNCIL
TO THE REGIONAL COURT KAZAKHSTAN
TO THE MINISTRY OF EDUCATION AND SCIENCE OF THE REPUBLIC OF KAZAKHSTAN
Application to Adopt**

We/I, _____ and _____ would like to adopt a minor orphan, a boy or a girl 6 month to 4 years old with correctable medical problems, mentally healthy.

We/I, apply to adopt minor _____ DOB: _____, currently residing in _____

Information about the parents of the child to be adopted:

Mother: _____ Father: _____

Siblings, if any: _____

Circumstances justifying the request for adoption:

Supporting documents:

Copies of passports

Marriage Certificate or Birth Certificate

Homestudy

Letter from U.S. Bureau of Citizenship and Immigration Services

Medical Statements

License of the agency completing the Homestudy

Financial Statements

We apply that after the adoption the child is granted:

Last Name _____

Given Name _____

Date of Birth _____

Place of Birth _____

In the child's birth record we request to list the parents:

Father: _____

Mother: _____

We/I were made aware of the child's medical condition.

We/I have been advised of the legal ramifications of the adoption.

Adoptive Parents: _____

_____ Date: _____

Print Name(s): _____

STATE OF _____)

COUNTY OF _____) SS:

SWORN AND SUBSCRIBED IN MY PRESENCE, THIS _____ DAY OF _____.

Notary Public: _____