



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

## APPLICATION FOR INTER-COUNTRY 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 1. Undertaking**

*Please tick off.*

/ / That we/I are/am qualified to be adoptive parents under our national laws;

/ / That we/I have the capacity 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 on the Rights of the Child;

/ / That we/I agree to abide by the Implementing Rules and Regulations promulgated by the Inter-Country Adoption Board; and

/ / That we/I did not in any manner try to induce, coerce or influence the biological parents/guardians/child caring or placing agency in favor of this application.

**Part 2. Information and Personal Data of Applicants for Inter-Country Adoption***(For PAPs to fill in themselves)***I. Identifying Data**

|   | <b>Male Applicant / Husband</b> | <b>Female Applicant / Wife</b> |
|---|---------------------------------|--------------------------------|
| Name  |                                 |                                |
| Age   |                                 |                                |
| Date of Birth   |                                 |                                |
| Place of Birth  |                                 |                                |
| Nationality / Citizenship   |                                 |                                |
| Address / Residence   |                                 |                                |
| Highest Educational Attainment  |                                 |                                |
| Health Status, specify presence of disability if any  |                                 |                                |
| Marital Status  |                                 |                                |
| If married, date and place of marriage  |                                 |                                |
| Date of previous marriage, if any, and manner of termination  |                                 |                                |
| Military Service, if any <ul style="list-style-type: none"> <li>▪ Year</li> <li>▪ Branch</li> <li>▪ No. of years</li> </ul> |                                 |                                |
| Hobbies and Interests   |                                 |                                |
| Membership in Association/Clubs/Organizations   |                                 |                                |

**II. Economic Data**

|                                   | <b>Male Applicant / Husband</b> | <b>Female Applicant / Wife</b> |
|-----------------------------------|---------------------------------|--------------------------------|
| Present Occupation or Employment  |                                 |                                |
| Name of Employer                  |                                 |                                |
| Business Address                  |                                 |                                |
| Telephone Number                  |                                 |                                |
| Salary per Month (in US \$)       |                                 |                                |
| Income other than salary, specify |                                 |                                |
| Insurance                         |                                 |                                |
| Savings                           |                                 |                                |
| Real Properties                   |                                 |                                |

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III. Family Composition

| <b>A. List of all individuals living with applicants in present address.</b> |              |     |               |     |                        |   |
|--|--------------|-----|---------------|-----|------------------------|---|
| Name   | Relationship | Age | Date of Birth | Sex | Educational Attainment | Physical, Mental status; specify disability, if any |
|  |              |     |               |     |                        |   |
|  |              |     |               |     |                        |   |
|  |              |     |               |     |                        |   |
|  |              |     |               |     |                        |   |
|  |              |     |               |     |                        |   |

  

| <b>B. List of all children of applicants living away from them, if any.</b> |                               |     |               |     |                        |   |
|---|-------------------------------|-----|---------------|-----|------------------------|---|
| Name  | Where living/with whom living | Age | Date of Birth | Sex | Educational Attainment | Physical, Mental status; specify disability, if any |
|   |                               |     |               |     |                        |   |
|   |                               |     |               |     |                        |   |
|   |                               |     |               |     |                        |   |
|   |                               |     |               |     |                        |   |
|   |                               |     |               |     |                        |   |

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

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

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

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VII. We/I are childless because

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VIII. Our/My experience in caring for children

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

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

X. If for some reasons at certain times, 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/children 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

We/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 on: \_\_\_\_\_

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 – Two Hundred US Dollars (US \$200) upon application.
2. Processing Fee – Two Thousand US Dollars (US \$2000) 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
3. Child Care Support Fund – One Thousand US Dollars (US \$1,000)