

# FEPULEA'I & SCHUSTER

Fax: (685)23048; Telephone: (685) 20417/24646

## ADOPTION INFORMATION FORM

The following information is required from the Applicants: (Please note that proper names as appear on passports/travel documents ought to be given) You may use a separate paper to elaborate your answers to any of the questions if necessary.

1. MALE: Full Name: \_\_\_\_\_  
Date & Place of Birth: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
(NOT a P.O. Box No)  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
(Full Address)  
\_\_\_\_\_

2. FEMALE Full Name: \_\_\_\_\_  
Date & Place of Birth: \_\_\_\_\_  
Maiden Surname: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
(Not a P.O. Box No.)  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
(Full Address)  
\_\_\_\_\_

3. DATE & PLACE OF MARRIAGE: \_\_\_\_\_

4. CHILDREN OF MARRIAGE: Name (and/or from any previous union) DOB Sex  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. WEEKLY INCOME: Male applicant's salary \_\_\_\_\_  
Female applicant's salary \_\_\_\_\_  
Family Benefit (if any) \_\_\_\_\_  
Others (if any, specify) \_\_\_\_\_

5. WEEKLY EXPENSES: Food & Household expenses \_\_\_\_\_  
Home Mortgage repayments (if any) \_\_\_\_\_

Rental (if any) \_\_\_\_\_

Motor vehicle loan repayment (if any) \_\_\_\_\_

6. **ASSETS:** Value of Family home (if any) \_\_\_\_\_  
Value of Furniture/Furnishings \_\_\_\_\_  
Value of Motor Vehicle(s) \_\_\_\_\_  
Cash at Bank \_\_\_\_\_  
Others (specify) \_\_\_\_\_

7. **ACCOMMODATION:** (Specify/how many bedrooms) \_\_\_\_\_ No. of occupants \_\_\_\_\_

(Describe your home) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **LIABILITIES:** (if any) Home Mortgage repayments: \_\_\_\_\_  
Mortgage balance (if any): \_\_\_\_\_  
Hire purchase \_\_\_\_\_  
Others (specify) \_\_\_\_\_

9. Have applicants applied before for an adoption? \_\_\_\_\_

10. Do applicants wish child's name altered after adoption? \_\_\_\_\_

(If yes, give new name) \_\_\_\_\_

11. If applicants are using their respective surnames in this application, what surname do you want the child to take? \_\_\_\_\_

12. **REASONS FOR ADOPTION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If both applicants are employed, who will look after the infant to be adopted in their absence?  
\_\_\_\_\_  
\_\_\_\_\_

14. If child is of school age, comment on school arrangements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. **AFFIDAVIT AS TO CHARACTER:** (Full Name) \_\_\_\_\_

(Someone who has known you (Applicants) for not less than 5 years but not a family member)

Residential Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

16. **DOCUMENTS REQUIRED** (Please provide originals or "certified true copies")

- (a) Marriage certificate (if any)
- (b) Deed Poll changing name (if any)

**CONFIRMATION OF RELINQUISHMENT**

**WE**, \_\_\_\_\_ and \_\_\_\_\_ both of Samoa, \_\_\_\_\_, jointly and severally make oath and say as follows:

1. **THAT** we are the natural parents of \_\_\_\_\_ a female infant born on the \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_ a, Samoa.
2. **THAT** we have 5 children of our union. Their ages range from 10 years, 9 years, 6 years, 3 years and 6 months. Two attend school at our village.
3. **THAT** we are unable to properly care for \_\_\_\_\_ because we are both unemployed and have no means to earn money to provide her, as well as our other children, the basic needs vital to their healthy growth and good development. Apart from that, we want her to have access to good education so she can grow up and have a chance to live a good life.
4. **THAT** we have consented to the adoption of the said infant.
5. **THAT** we have not been given or have received, nor do we expect to be given or to receive any reward or any financial inducements to influence this adoption.
6. **THAT** we sincerely believe that the welfare and best interest of these infant will be best promoted through her adoption.
7. **THAT** we released the custody of the said infant to **FOCUS ON CHILDREN** on the \_\_\_\_\_<sup>th</sup> day of \_\_\_\_\_.
8. **THAT** we impose no conditions regarding the religious upbringing of the said infant.
9. **THAT** the applicants are not known to us.

**SWORN** by the said \_\_\_\_\_ )  
and \_\_\_\_\_ at \_\_\_\_\_ ) .....  
Apia this \_\_\_\_\_ day of \_\_\_\_\_ ; ) .....  
before me:- )

**NOTARY PUBLIC**

(My commission enures for life)