

Application to Register a Foreign Adoption in the Adopted Children Register

Please refer to the Information Booklet ACR 53 (Registering Foreign Adoptions) when completing this form

If you have any questions before you apply, you can contact us:

in writing: Adoptions Section

Room C202

General Register Office

Trafalgar Road Southport PR8 2HH

by telephone: 0151 471 4830/4599/4641

by email: adoptions@ips.gsi.gov.uk

Please complete in BLOCK CAPITALS

Applicant's Details

, applicant o Dotalio			
Title			
Surname			
Forename(s)			
Address including postcode			
Daytime telephone number (if applicable)			
Email address (if applicable)			
Capacity in which you are making the application			
Signature of applicant			
Date	Day	Month	Year

Adopted Child's Birth Details Surname at birth Forename(s) at birth Other names known by prior to adoption Full name of birth mother Any previous name(s) of birth mother Full name of birth father Any previous name(s) of birth father Adopted Child's Details for the Adopted Children Register Adopted surname Forename(s) Date of birth Day Month Year Female Male□ Gender (tick box) Place and country of birth Description of Court or by whom adoption effected Date Adoption Order or date Day Month Year the Adoption was effected **First Adoptive Parent Details** Surname Forename(s) Other names known prior to adoption (not for the register) Occupation at time of adoption

	Details
Surname	
Forename(s)	
Other names known prior to adoption (not for the register)	
Occupation at time of adoption	
Adoptive parent(s) address at time adoption effected	
Habitually resident in Eng	land or Wales at time of adoption
Tick relevant box	☐England ☐Wales
(Refer to the Information Booklet	All supporting evidence is enclosed ACR 53 – Registering Foreign Adoptions) ox below to supply additional information, f necessary.
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Please send your completed application to the address shown on the first page of this form.