

f) I am: (please tick the box that applies to you)

- ☐ the child to whom the contact order relates
- ☐ a person named on the contact order
- ☐ an officer of the adoption agency that is authorised to place the child for adoption/has placed the child (who is less than six weeks old) for adoption
(please state your position in the adoption agency)

g) I am a prospective adopter of the child and wish to keep my identity confidential and apply for a serial number

☐ Yes

☐ No

See Note 4

Part 2 About the child

a) The name of the child is

First name(s) in full

Last name

b) The child is a

☐ Boy

☐ Girl

c) The child was born on

d) The child's address is

(If you do not know the child's address, please enter 'Not known')

e) The child lives with

(If you do not know the name of the person with whom the child lives, please enter 'Not known')

See Note 2

f) The adoption agency that is authorised to place the child for adoption/has placed the child (who is less than six weeks old) for adoption is: (give the name and address of the adoption agency and (if known) the name and telephone number of the adoption worker who deals with the child)

Name of adoption agency	
Address (including post code)	
Name of your contact in the agency	
Telephone no.	