New Beginnings
Family and Children's Services, Inc.

Uniting Families Since 1985

IDENTIFIED CHILD INFORMATION

When applying for the adoption of a child who is already known to you, please submit this form along with your Adoptive or Kafala Family Profile. Please be detailed in your answers. If adopting more than one child, fill out one of these forms for each child.

Name of Child Birth Date Place the Child is Living (city, state, country)

Is the child currently in good health?	☐ Yes	☐ No	If no, please briefly describe.
Does the child have any condition or special needs?	☐ Yes	☐ No	If yes, please briefly describe.
Is the child's development age appropriate?	☐ Yes	☐ No	If no, please briefly describe the delays.
Are you related to the child?	☐ Yes	☐ No	If yes, describe the relationship.
Is the child's mother alive?	☐ Yes	☐ No	If yes, where is she living?
Is the child's father alive?	☐ Yes	☐ No	If yes, where is he living?
Are/were the child's parents married?	☐ Yes	☐ No	
Does the child wish to be adopted?	☐ Yes	☐ No	If the child is old enough to understand.
Are there siblings in the country?	☐ Yes	☐ No	Number of siblings:
Do you have legal custody of the child?	☐ Yes	☐ No	Date of Custody:

Who is caring for the child now? (name & relation)

Which of the following documents do you have for this identified child?

Court Issued Abandonment Certificate	☐ Yes	☐ No	Child Passport	☐ Yes	☐ No
Child Birth Certificate	☐ Yes	☐ No	Child Medical & Immunization Records	☐ Yes	☐ No
Police Reports (relinquishment, custody, etc.)	☐ Yes	☐ No	Court Petition for Guardianship	☐ Yes	☐ No
Application to Orphanage (if applicable)	☐ Yes	☐ No	Court Document Granting Custody	☐ Yes	☐ No
Report on Child Background (social history)	☐ Yes	☐ No	Permission to Leave Country/Jurisdiction	☐ Yes	☐ No
Death Cert. of Birth Mother (if applicable)	☐ Yes	☐ No	Death Cert. of Birth Father (if applicable)	☐ Yes	☐ No

New Beginnings
87 Mineola Boulevard, Mineola, NY 11501
516-747-2204 • nb@new-beginnings.org • www.new-beginnings.org

Licensed In
New York
New Jersey

What are the circumstances that have led you to seek to adopt this child?

Please include any additional information that may be helpful or relevant.

CONFIRMATION STATEMENT

Name of Applicant: _____

I state that the information presented in this document is true and correct.

Applicant Signature: _____ Date: _____

Name of Applicant: _____

I state that the information presented in this document is true and correct.

Applicant Signature: _____ Date: _____