



**REPUBLIC OF LIBERIA**  
**DOMESTIC ADOPTION DOCUMENT PACKAGE**  
*(For Liberian Citizens)*

This domestic adoption processes within Liberia. All sections should be completed and submitted with supporting documentation where required.

**1. DOMESTIC ADOPTION APPLICATION FORM**

**Applicant Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

National ID Number: \_\_\_\_\_

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

Employer/Business Name: \_\_\_\_\_

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

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Spouse Information (If Applicable)**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Marital Status**

Single  Married  Divorced  Widowed

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

## **Household Information**

Number of Persons in Household: \_\_\_\_\_

Number of Biological Children: \_\_\_\_\_

Number of Adopted Children: \_\_\_\_\_

## **Financial Information**

Applicant Monthly Income: \_\_\_\_\_

Spouse Monthly Income: \_\_\_\_\_

Total Household Income: \_\_\_\_\_

Major Assets (House/Land/Business): \_\_\_\_\_

## **Health Declaration**

Do you have any serious medical condition?  Yes  No

If yes, provide details below:

\_\_\_\_\_

## **Criminal Background**

Have you ever been convicted of a crime?  Yes  No

If yes, explain:

\_\_\_\_\_

## Information About the Child

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Current Guardian/Institution: \_\_\_\_\_

## Declaration

Applicant Signature: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 2. SOCIAL WORKER HOME INVESTIGATION REPORT

Name of Social Worker: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Housing Conditions Assessment:

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

Family Environment Assessment:

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

Financial Stability Assessment:

\_\_\_\_\_

Recommendation:

Suitable for Adoption

Not Suitable for Adoption

Social Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **3. BIOLOGICAL PARENT CONSENT FORM**

Name of Biological Parent/Guardian: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

I voluntarily consent to the adoption of my child and confirm that I understand the legal implications of this decision.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Witness Address: \_\_\_\_\_

### **4. CHILD RELINQUISHMENT FORM**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

This document confirms that the child listed above has been legally relinquished for adoption in accordance with the laws of the Republic of Liberia.

Authorized Officer Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 5. POST-ADOPTION MONITORING REPORT

Adoptive Parent Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Child Welfare Assessment:

\_\_\_\_\_

Health and Education Status:

\_\_\_\_\_

Home Environment Review:

\_\_\_\_\_

Recommendations:

\_\_\_\_\_

Monitoring Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 6. COURT INVESTIGATION REPORT

Court Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Petitioner Name: \_\_\_\_\_

Child Name: \_\_\_\_\_

Summary of Investigation:

\_\_\_\_\_

\_\_\_\_\_

Findings:

\_\_\_\_\_

Final Recommendation to the Court:

Adoption Approved

Adoption Denied

Additional Review Required

Court Investigator Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_