

FORM B

THE ADOPTION OF CHILDREN ACT

MEDICAL PARTICULARS

1. NAME.....Elton Thomas Adams & Paula Adams.....
2. ADDRESS.....Jonestown, Port Kaituma, North West Region, Guyana.....
3. Is there evidence of infectious disease liable to be contracted by the child?*none*.....
4. Does applicant suffer from fits?*none*.....
5. In your opinion is the condition of the applicant's physical or mental health such that he/she should be able to undertake the responsibility and perform the duties of a parent in the event of an adoption order being granted.....

Signed.....

Qualification.....

Address.....

Date

BB-1-99

FORM A

THE ADOPTION OF CHILDREN ACT

APPLICATION TO BOARD

We, the undersigned desire to make application to the Adoption Board in respect of a

Male

or

Female

child, approximately aged 2yrs 5 months

or the child named Monique Bacon now residing at Jonestown, Port Kaituma, North West Region, Guyana, South America

We hereby undertake that the particulars given below are true to the best of our knowledge and belief.

- 1. NAMES: Elton Thomas Adams & Paula Adams
- 2. ADDRESS: Jonestown, Port Kaituma, North West Region, Guyana
Guyana, South America
- 3. COUNTRY OF DOMICILE: Guyana
- 4. DATE OF BIRTH: April 6, 1976
- 5. RELIGION: Protestant
- 6. NAMES AND ADDRESSES of two persons able to vouch the character of the adopters.

_____ of _____
 _____ of _____

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Elton T. Adams.....

.....
Paula Adams.....
ADOPTERS

BB-1-rr