

**THE MINISTRY OF FAMILYAFFAIRS
SOCIAL AFFAIRS DEPARTMENT
Social Services Division**

Unity House, P.O.Box 190, Victoria, Mahe, Republic of Seychelles
Telephone: 4281500 Fax: 4225656 E-mail: sgertrude@gov.sc



Please address all correspondence to the Principal Secretary

STATEMENT OF CONSENT FOR ADOPTION

I, the undersigned,

.....
.....

Date of birth:

Address:

The mother father guardian of:

.....

Sex: male female

Date of birth:

Place of birth:

Freely consent to the adoption of the above child.

I understand that the adoption of the above child will create a permanent parent-child relationship with the adoptive parent(s).

Signature:.....

Name of Witness:.....

Designation:.....

Signature:.....

Date:.....

