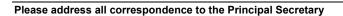
## THE MINISTRY OF FAMILYAFFAIRS **SOCIAL AFFAIRS DEPARTMENT**

**Social Services Division** 

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





## 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 permanent parent-child relationship with the adoptive parent |            |
| permanent parent-cinia relationship with the adoptive parent   | (5).       |
| Signature:   |            |
| Name of Witness:   | EMPONERING |
| Designation:   | AIN        |
| Signature:   | TAXX T     |
| Date:  | SHITIES    |