

Adoption Records

Central Adoption Authority
Ministry of Internal Affairs
Republic of Marshall Islands

Submitted by (adoption agency):	Date of report (dd/mm/yyyy):
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Child

Name at birth	Last	First	Middle
Name after adoption	Last	First	Middle
Place of birth	DOB	/ /	Male ⁹ Female ⁹
Hospital born in	Date of final adoption / /		
Who paid for birth?			
Who paid for transport?			

Biological Family

Mother	Last	First	Ethnicity
Father	Last	First	Ethnicity
Ages	Mother at time of adoption:	Father at time of adoption:	Child at time of adoption
Grand Parents (Mother's side)			
Grand Parents (Father's side)			
Other significant relatives			Island of family origin

Adoptive Family

Name of father	Last	First	Middle
Name of mother	Last	First	Middle
Ethnicity of father	Ethnicity of mother		
Address at time of adoption			
Current address (or last known & year)			

Adoption

Date of final adoption	Persons assisting in the RMI: List all who were involved in locating and facilitating adoption:
Court adopted in (court, city, state)	
Court file number	
Last date of contact by agency:	
Last Known status of child:	

Additional Information unique to this child: