



Background check for adoption within family

1. CHILD TO BE ADOPTED		
Last name	First names	
Personal identity code	Place of birth	
The child was born <input type="checkbox"/> in wedlock <input type="checkbox"/> out of wedlock	Verifying paternity <input type="checkbox"/> has not been verified <input type="checkbox"/> has been verified	Date
Name of parish/population register <input type="checkbox"/> Ev.Luth. Church <input type="checkbox"/> population register <input type="checkbox"/> other		
Address		Municipality of residence
2. ADOPTING PARENT/APPLICANT		
Last name	Former last name	First names
Personal identity code and place of birth	Occupation	Previous unions (duration)
Marital status <input type="checkbox"/> married <input type="checkbox"/> registered partnership	Start date of the current union	The child has been under the care of the adopting parent/applicant since
Address		Municipality of residence
Name of parish/population register	Telephone	E-mail
3. MOTHER OF THE CHILD		
Last name	Former last name	First names
Personal identity code and place of birth	Occupation	Previous unions (duration)
Marital status <input type="checkbox"/> married <input type="checkbox"/> registered partnership <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widowed	Start date of the current union	
Address		Municipality of residence
Name of parish/population register	Telephone	E-mail
4. FATHER OF THE CHILD		
Last name	Former last name	First names
Personal identity code and place of birth	Occupation	Previous unions (duration)
Marital status <input type="checkbox"/> married <input type="checkbox"/> registered partnership <input type="checkbox"/> single <input type="checkbox"/> divorced <input type="checkbox"/> widowed	Start date of the current union	
Address		Municipality of residence
Name of parish/population register	Telephone	E-mail

5. SIBLINGS OF THE CHILD

The siblings living with the **current** family, name and date of birth

The siblings living **elsewhere**, name and date of birth

Children of the **adopting parent** (born from previous unions), name and date of birth

6. SITUATION OF THE CHILD'S CURRENT FAMILY

Housing situation ☐ own house ☐ own housing share ☐ rental apartment ☐ other

Living area Number of rooms Rent or maintenance charge per month

Monthly income of the adopting parent (gross/net) Monthly income of the spouse (gross/net)

Assets

Debts

Loan instalments + interest per month

7. EDUCATION AND EMPLOYMENT

Adopting parent's education/educational institution/year of completing the studies

Adopting parent's current employment/date of starting the employment

Spouse's education/educational institution/year of completing the studies

Spouse's current employment/date of starting the employment

8. ADOPTING PARENT’S HEALTH AND SOCIAL CIRCUMSTANCES

Chronic/long-term diseases or disabilities	
<div></div> <div></div> <div></div>	
Have you received hospital treatment (when, why?)	
<div></div> <div></div> <div></div>	
Have you received treatment for mental problems?	
<div></div> <div></div> <div></div>	
Provide details of your intoxicants use (number of servings per month)	Have you been convicted of a crime (when, why)?

9. ADOPTION-RELATED QUESTIONS

Why do you wish to adopt the child of your spouse?
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Is the child aware of your wishes to adopt?
<div></div> <div></div> <div></div> <div></div> <div></div>
Is the child's biological parent living elsewhere aware of your wishes to adopt?
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

10. OTHER

Are there any changes to be expected in your working or living circumstances?

On which topics would you like to receive more information?

I have provided this information understanding that it will be processed by Save the Children Finland as confidential information. In providing this information, I have given Save the Children Finland the permission to process even special categories of my personal data (Article 9 of the EU Data Protection Directive and, where applicable, Paragraph 5 of Section 6(1) of the Personal Data Act).

By completing this form, I accept that the information I provide will be collected and processed in the adoption counselling register of Save the Children Finland (more information about the register: www.pelastakalapset.fi/tietoa-meista/tietosuojaselosteet/). In case of municipal outsourcing, the municipality in question is responsible for any decisions concerning the register. Information in the register is used only for the purpose for which it has been submitted to the organization, unless otherwise determined by legislation or the customer's specific written consent.

Date

Signature

Signature

Clarification of signature

Clarification of signature

APPENDICES

- Extract from the population register (for the adopting parent and the child to be adopted)
- Consent for requesting a report from social services.

For notes by Save the Children

Form returned

Report of the Social Welfare Board

Home visits

Other processing of the case

Office meetings

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___ Payment commitment

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