



# Declaration of Concerning State of Health

India Adoption | Revised March 2012

## PROSPECTIVE ADOPTIVE FATHER

I (*adoptive father name*) \_\_\_\_\_,  
residing at (*home address*) \_\_\_\_\_, USA.

do hereby solemnly affirm and declare that

- I was born on (*mm/dd/yyyy*) \_\_\_\_\_, \_\_\_\_\_ years old.
- I am in good and fit health condition.
- I do not suffer from any ailment or disease that should impair my ability, mentally, and physically to provide a caring and loving family for the Indian minor (*adopted child name*) \_\_\_\_\_, whom I intend to adopt from India.

## PROSPECTIVE ADOPTIVE MOTHER

I (*adoptive mother name*) \_\_\_\_\_,  
residing at (*home address*) \_\_\_\_\_, USA.

do hereby solemnly affirm and declare that

- I was born on (*mm/dd/yyyy*) \_\_\_\_\_, \_\_\_\_\_ years old.
- I am in good and fit health condition.
- I do not suffer from any ailment or disease that should impair my ability, mentally, and physically to provide a caring and loving family for the Indian minor (*adopted child name*) \_\_\_\_\_, whom I intend to adopt from India.

## Certification of Prospective Adoptive Parents

SIGNATURE	FULL NAME	DATE
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SIGNATURE	FULL NAME	DATE
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Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Resident of State: \_\_\_\_\_ County: \_\_\_\_\_  
 Name: \_\_\_\_\_ My commission expires: \_\_\_\_\_  
 Signature: \_\_\_\_\_