

CHRISTIAN ADOPTION SERVICES

Request for Intervention Record Check for International Adoption

1. To the Minister of Children and Youth Services

Male Applicant
Full Legal Name: _____ Birth Date: _____
(Surname) (Given Names) (yyyy/mm/dd)

Female Applicant
Full Legal Name: _____
(Surname) (Given Names) (Maiden Name)

Birth Date: _____ (yyyy/mm/dd)

Full Mailing Address: _____
(Town or City) (Province) (Postal Code)

2. I have applied to Christian Adoption Services to:

Process a home assessment for an international adoption I have no other children

My other children are (please include names and birthdates): _____

Please check for any child welfare records about me

Signature: _____
Male Applicant Date (yyyy/mm/dd) Witness

Signature: _____
Female Applicant Date (yyyy/mm/dd) Witness

Results of Intervention Record Check

I, _____, _____ have conducted a child intervention record check on _____, and report as follows:

- I have found no record indicating the applicants might have caused a child to be in need of intervention in Alberta.
- I have found no concern regarding the suitability of the applicants to have care and custody of a child.
- I have the following concern(s) regarding the suitability of the applicants to have the care and custody of a child:

Signature Date (yyyy/mm/dd)