BIENESTAR FAMILIAR	Ins	Republic of Colombia Ministry of Social Protection Instituto Colombiano de Bienestar Familiar Cecilia de La Fuente Lleras Direct Interventions Subdirection							
ICBF ADOPTION APPLICATION FORM FOR COLOMBIA									
APPLICANT DATA (MAN)									
Last name									
Second last name									
Names			Recent photo						
Birth date (day ,moni	th, year)								
Birth place									
Nationality (ies)									
Identity document									
Colombian cédula	Passport	Other Which?	P Number		Issuing place				
0	0								
Current marital statu Single De	is facto marital un	ion Widow	Married	Marri	age date (<i>day, month, year</i>)				
O De		0	O	IVIAIII	age date (<i>duy, month, yeu</i>)				
Previous marital state		0	0						
Divorced O Divorce		th year)	Divorce date	(day mo	onth year)				
Achieved education			Bivorce dute	(uuy, me	intit, yeary				
Basic	Study years Obtained degree								
0									
Technical O	Study years		Obtained degree						
University O	Study years		Obtained degree						
Post-university O	Study years		Obtained degree						
Other	Study years		Obtained degree						
0									
Labor data	•								
Type of employment:				y or occupation					
Independent O En	nployee O	Retired O	Other O						
Company name:	Company name: Length in the com		any		Annual salary (Gross)				
Company address					Telephone				
		APPLICAN	T DATA (WOMAN)						
Last name				_					
Second last name									
Names					Recent photo				
Birth date (<i>day, month, year</i>)									
Birth place									
Nationality (ies)									

Identity document								
Colombian cédula	Passport	assport Other Which? Number Issuing place			g place			
0	0							
Current marital status								
Single De f	Single De facto marital union Widow			Married	Marriage date (day, n	nonth, year)		
0	0		0	0				
Previous marital statu								
Divorced O Divorce		nth, year)		Divorce date	(day, month, year)			
Achieved education level								
Basic	Study years			Obtained degree				
0								
Technical	Study years			Obtained degree				
O								
University	Study years			Obtained degree				
O Post-university	Chuduuuaana			Obtained degree				
-	Study years			Obtained degree				
O Other	Study years			Obtained degree				
	Study years			Obtained degree				
O Labor data								
Type of employment:					Activity or occupation)		
	ployee O	Retired	0	Other O	netwicy of occupation	•		
	ipioyee O				Appual calary (Cross)			
Company name:		Length	n the compa	any	Annual salary (Gross)			
Company address					Telephone			
				IS CONTACT DATA	•			
Country of residence		Departm	nent/Provin	nce/State City/Municipality				
Residence address								
Telephone Fax								
Electronic mail(s)								
Address to receive correspondence								
				REN OF THE APPLICA	NTC			
					If the child	is adopted		
Name		Birth date		Biological or	Sentence date and Naturalization			
				adopted	origin country	date		
DATA ON OTHER PEOPLE RESIDING IN THE HOUSE Name Gender Age Relationship Occupation						Occupation		
		Centract						

ECONOMIC DATA							
Currency:	House type		Life insurance O)			
Cololombian Pesos USD Euros	House O Aparter	ment O	Value				
0 0 0	Other O						
Average monthly net income	House holding		Covered risks				
	Own O Rent O Other O						
Avarage monthly expenses	Savings and investme	ents	Total funds retirement				
Total value of assets							
DATA ON BOYS, GIRLS AND/OR ADOLESCENTS YOU WISH TO ADOPT							
Number of boys, girls and/or adolescents	A	ge					
Gender:							
	loes not matter O						
Color of skin:							
Of no importance O Olive skinned Additional characteristics	O Dark O	Black O	White O				
Motivation for adoption							
Do you want that your application is transferred to a specific regional, sectional or authorized institution?							
Yes O No O Which?							
CONTACT IN COLOMBIA							
Name		Те	lephone	City			
Address Electronic mail							
Type of contact							
Family O Friend O Representative body O Lawyer O Other O							
APPLICANT'S SIGNATURE							
Signature of the adoptive fatherSignature of the adoptive mother							