

REPUBLIC OF LATVIA )  
 )  
CITY OF RIGA ) ss.  
 )  
EMBASSY OF THE UNITED )  
STATES OF AMERICA )

ACKNOWLEDGMENT OF HEALTH PROBLEM(S)  
OF ADOPTED CHILD

If an adopted child has any kind of health problem (defect, disability or disease), U.S. law requires that both adopting parents sign acknowledgments that they are aware of the child's health problem and are nevertheless willing to adopt the child. Faxed forms are not accepted. Each adoptive parent must sign his/her own acknowledgment; one parent cannot sign for another, even with a Power of Attorney.

If this acknowledgment is not completed at the Embassy, it must be notarized in the U.S.

I/We, (Print Name) \_\_\_\_\_, hereby state that I am aware that  
my child, (Print Name) \_\_\_\_\_, (Date of Birth)  
\_\_\_\_\_ has the following health problem(s) and that I nevertheless have adopted/will adopt  
the child:

Health Problem(s):

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\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Date and Place)