VENUE

Ukraine.....)
Kievska Oblast .....)
City of Kiev.....) 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 problems (defect, disability or disease), however minor, the U.S. law requires that **both** adopting parents sign acknowledgments that they are aware of the child's health problem and are willing to adopt the child regardless. Faxed forms cannot be accepted. One acknowledgement can be signed by both parents. 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.

I/We (please print name(s)) _____ ,

hereby state that I am/we are aware that my/our child (please print name): _____
_____ , (date of birth) _____ ,
has the following health problem(s) and that I/we nevertheless have adopted/will adopt the child:

Health Problem(s):

_____
_____
_____
_____

_____	_____	_____
(Signature)	(Printed Name)	(Date)
_____	_____	_____
(Signature)	(Printed Name)	(Date)

Subscribed and sworn to before me this _____ day of _____

_____
Consular Officer