

# ORPHANAGE VISIT APPLICATION FORM

|   |  |        |  |                 |              |
|---|--|--------|--|-----------------|--------------|
| Travel Dates  | From _____ to _____                          |        | Proposed Date of Orphanage Visit   | Nationality     |              |
| Adopted Child<br>(If more than one adopted child, please fill up another form.) | English Name                                 |        | Gender<br><input type="checkbox"/> male<br><input type="checkbox"/> female | D.O.B.          |              |
|   | Chinese Name<br>(pin yin)                    |        | Date of Adoption   | Passport No.    |              |
|   | Province of the Child from and the Orphanage |        | Province _____   | Orphanage _____ |              |
| Name of Adoption agency   |  |        |  |                 |              |
| Adoptive Parents  | Name   | Gender | D.O.B.   | Occupation      | Passport No. |
|   |  |        |  |                 |              |
|   |  |        |  |                 |              |
| Companion   |  |        |  |                 |              |
| Special Requirements of the Visit   |  |        |  |                 |              |
| Contacts  | Home Address<br>Home Tel:                    | Fax:   | E-mail:  |                 |              |