

DECLINED REFERRAL

I/We, _____ and _____ have received the referral of _____, born _____, from the country of _____.

CHILD'S NAME

After reviewing and **initialing the medical information** that is attached to this document, we/I decline the referral of this child because:

The Central Authority has decided to not move forward with our family and this official match.

Please sign and return this form with the attached medical information to AGCI. If physician review is available, please attach to form.

Adoptive Parent

Date

Adoptive Parent

Date