



PROCESO PROTECCIÓN
FORMULARIO DE SOLICITUD DE ADOPCIÓN INDETERMINADA

F47.LM16.P
Versión 1.0
Página 1 de 4
15/05/2021
Clasificación de la Información:
Reservada

DATA OF APPLICANT 1.				
Surname			FOTO ACTUALIZADA	
Maiden Name				
Names				
Date of birth (dd-mmm-yyyy)				
Place of birth (City/Department-state-Province/Country)				
Nationality (ies)				
Place of residence: City-Municipality and Country.				
ID				
Colombian Citizenship Identification <input type="radio"/>	Passport <input checked="" type="checkbox"/>	Other, which? <input type="radio"/>	Number	Place of issuance
Current Marital Status				
Single <input type="radio"/>	Married <input type="radio"/>	Common law marriage <input type="radio"/>	Date of marriage/common law marriage (dd-mmm-yyyy)	
Previous Marital Statuses:				
Divorced <input type="radio"/>	Date of Divorce (dd-mmm-yyyy)			
Educational Level				
Basic <input type="radio"/>	Length of study	Title obtained		
Technical <input type="radio"/>	Length of study	Title obtained		
Undergraduate <input type="radio"/>	Length of study	Title obtained		
Graduate <input type="radio"/>	Length of study	Title obtained		
Other <input type="radio"/>	Length of study	Title obtained		
Employment information				
Self-Employed <input type="radio"/>	Employee <input type="radio"/>	Retired <input type="radio"/>	Other <input type="radio"/>	Activity or occupation
Name of the Company		Seniority	Annual (gross) salary	
Address of the Company			Phone number	
DATA OF APPLICANT 2.				

Antes de imprimir este documento... piense en el medio ambiente!

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LOS DATOS PROPORCIONADOS SERÁN TRATADOS DE ACUERDO A LA POLÍTICA DE TRATAMIENTO DE DATOS PERSONALES DEL ICBF Y A LA LEY 1581 DE 2012



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15/05/2021
Clasificación de la Información:
Reservada

Surname					FOTO ACTUALIZADA
Middle Name					
Names					
Date of birth (dd-mmm-yyyy)					
Place of birth (City/Department-state-Province/Country)					
Nationality (ies)					
Place of residence: City-Municipality and Country.					
ID					
Colombian Citizenship Identification <input type="radio"/>	Passport <input checked="" type="radio"/>	Other, which?	Number	Place of issuance	
Current Marital Status					
Single <input type="radio"/>	Married <input type="radio"/>	Common law marriage <input type="radio"/>	Date of marriage/common law marriage (dd-mmm-yyyy)		
Previous Marital Statuses:					
Divorced <input type="radio"/>		Date of Divorce (dd-mmm-yyyy)			
Educational Level					
Basic <input type="radio"/>	Length of study		Title obtained		
Technical <input type="radio"/>	Length of study		Title obtained		
Undergraduate <input type="radio"/>	Length of study		Title obtained		
Graduate <input type="radio"/>	Length of study		Title obtained		
Other <input type="radio"/>	Length of study		Title obtained		
Employment information					
Self-Employed <input type="radio"/>	Employee <input type="radio"/>	Seniority <input type="radio"/>	Other <input type="radio"/>	Activity or occupation	
Name of the Company		Seniority		Annual (gross) salary	
Address of the Company				Phone number	
CONTACT DATA OF APPLICANTS					
Country of residence		Dept/Province/State		City/Municipality	

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Home address	
Land line	Mobile phone number
Email(s)	
Mailing address	

DATA ON THE APPLICANT'S CHILDREN

Name	Date of Birth	Birth or adopted	If the child is adopted	
			Date of judgment and country of origin	Date of nationalization

DATOS SOBRE OTRAS PERSONAS QUE RESIDEN EN LA MISMA VIVIENDA

Nombre	Sexo	Edad	Parentesco	Ocupación

Note: in case of needing more fields, please complete information in an additional sheet of paper.

FINANCIAL INFORMATION

Currency:		Kind of home		Life insurance
COP <input type="radio"/>	USD <input checked="" type="radio"/>	Euros <input type="radio"/>	House <input type="radio"/>	Value
			Apartment <input type="radio"/>	
			Other <input type="radio"/>	


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* Amounts must match figures reported in the Home Study.

Netos Net average montly income	Ownership Owne☐ Rente☐ Other ○	Risks covered
Average of monthly expenses	Savings and investments	Total retirement funds
Total equity		
EXPECTATIONS TO ADOPT		
Describe your expectations regarding your adoptive project write this statement: "Ver carta de motivación adjunta"		
Are you open to adopt children or adolescents with special characteristics and needs? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Which special characteristics and needs "VER lista de verificación de necesidades especiales en el informe de estudio en el hogar."		
Do you want your documentation to be transferred to the national waiting list, a specific regional or an Authorized Institution? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Which? 		
CONTACT IN COLOMBIA (FOR COLOMBIAN RESIDENTS)		
Names and surnames ANA MARIA FERNANDEZ	Phone number (57) 315-3480452	City Bogota
Dirección CALLE 88 no 9-30 apt 303	Email agci.colombia@gmail.com	
Type of Contact		
Relative ○	Friend ○	Attorney <input checked="" type="checkbox"/>
SIGNATURES OF APPLICANTS		
Signature of Adoption Applicant _____	Signature of Adoption Applicant _____	

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