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**IN THE HIGH COURT OF THE COOK ISLANDS HELD AT
RAROTONGA (LAND DIVISION)**

IN THE MATTER of Part XV of the Cook Islands
Amendment Act 1915

AND

IN THE MATTER of an application by

and

to adopt

APPLICATION FOR ADOPTION

I/We of	(Applicant)	(Applicant)
	(Address)	(Address)
	(Occupation)	(Occupation)

will apply to the High Court at Rarotonga to adopt

(Full name of Child) _____ female/male,

born at (Place of birth) _____

on the (Date) _____ of (Month) _____ (Year) _____

I/We desire that on the making of the Adoption Order the name(s) of the Child shall be:

(Christian Name)	(Surname)
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The following information is submitted for the purposes of Registration of Birth:

Male Applicant (MA)	Age of MA at Date of Child's Birth	
	Birth Place of MA	
Female Applicant (FA)	Maiden Surname of FA	
	Age of FA at Date of Child's Birth	
	Birth Place of FA	

I/We desire that any certified copy of the entry of the Birth of the Child after the Birth has been registered **shall/shall not** be endorsed the words '**ADOPTIVE PARENTS**'

DATED at _____ this _____ day of _____ 20_____

SIGNATURE (Applicant)

SIGNATURE (Applicant)



COOK ISLANDS
LAND COURT

ADOPTION
APPLICATION NO

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APPLICATION FOR ADOPTION

Date of Hearing:
Record
Book:
Decision:

CONTACT DETAILS

NAME
ADDRESS
PHONE
EMAIL

FEE

\$80.00	Filing Fee
\$50.00	Advertising Fee
\$20.00	Checking Order
\$35.00	Order & Sealing
\$25.00	Registration

NOTE: A re-advertisement fee of \$50.00 is payable each time this application is adjourned.

Date received	
Receipt No	
Received by	



COOK ISLANDS
LAND COURT

ADOPTION
APPLICATION NO

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IN THE HIGH COURT OF THE COOK ISLANDS HELD AT RAROTONGA (LAND DIVISION)

IN THE MATTER of Part XV of the Cook Islands Amendment Act 1915

AND

IN THE MATTER of an application to Adopt

CONSENT TO ADOPTION

I/We
of

(Full Name/s)	(Full Name/s)
(Address)	(Address)
(Occupation)	(Occupation)

the parent/mother of

(Full name of Child)	female/male,
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born at

(Place of birth)

on the

(Date)	of	(Month)	(Year)
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hereby consent to an Order being made for the Adoption of the said Child by

(Applicant)	(Applicant)
(Address)	(Address)
(Occupation)	(Occupation)

A copy of the entry in the Register of Births relating to the said Child is hereunto annexed.

DATED at _____ this _____ day of _____ **20** _____

SIGNATURE (Parent)

SIGNATURE (Parent)

WITNESS

WITNESS



COOK ISLANDS
LAND COURT

ADOPTION
APPLICATION NO

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IN THE MATTER of Part XV of the Cook Islands
Amendment Act 1915

AND

IN THE MATTER of an application to Adopt

CONSENT TO ADOPTION

I,

(Full name of Child)

of

(Address)

 female/male,

born at

(Place of birth)

on the

(Date)

 of

(Month)

(Year)

hereby consent to an Order being made for the Adoption of myself by

(Applicant)	(Applicant)
(Address)	(Address)
(Occupation)	(Occupation)

A copy of entry in the Register of Births relating to the said Child is hereunto annexed.

DATED at _____ this _____ day of _____ **20**_____

SIGNATURE

WITNESS