To be completed by adoptive parent(s) with support of child’s Social Worker

Official USE – LETTERBOX Reference:

|  |  |
| --- | --- |
| Birth name of child: |  |
| Child’s DOB: |  |
| **Name of Adoptive Parent(s):** |  |
| **Address of Adoptive Parent(s):****Post Code:** |  |
| **Telephone number(s):** |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **I/We will provide:** |  |
| **During the months of:** |  |
| **Special arrangements:** |  |

|  |  |
| --- | --- |
| **I/We understand we will receive from:** |  |
| **During the month/s of:** |  |

**NAMES TO BE USED IN LETTERBOX CORRESPONDENCE – (Please note all letters should be an adult to adult exchange)**

|  |  |
| --- | --- |
|  Adoptive parent(s) will be known as in exchanges:  |  |
| Birth parents and birth relative(s) will be known as: | Lisa – birth motherAllan – birth father |
| Has the child’s name changed when adopted and are the birth relatives aware of change?Child’s name to be used in correspondence: | **YES / NO** |

|  |
| --- |
| Have the adoptive parent(s) been provided with Adoption West Letterbox Information leaflet and sample letters? **YES / NO** |
| Additional information/risks/comments: |

|  |  |
| --- | --- |
| Signature(s) of adoptive parent(s): | ………………………………………………………………………………………………………………………………………………………………………………………..Date: |
| Signature of Child’s Social Worker: | …………………………………………………………………………………………..Date: |