

**Notice to the Adoption Authority of Ireland under Section 16(1) and (2) of the Adoption Act, 2010 by a father who wishes to be consulted in relation to a proposal by the CFA/accredited body to place his child for adoption or on application by the mother or a relative of the child for an adoption order relating to the child.**

(Please use BLOCK capitals)

1. Name and address of father: \_\_\_\_\_

\_\_\_\_\_

2. Date of birth of father: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

3. Name of child: \_\_\_\_\_

4. Date of birth of child or expected date of delivery: Day \_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

5. Name and address of mother: \_\_\_\_\_

\_\_\_\_\_

6. Name and address of CFA/accredited body (if known): \_\_\_\_\_

\_\_\_\_\_

7. Name and address of applicant(s), (if known), and relationship to child: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_ wish to be consulted in relation to:

- (a) a proposal by a CFA/accredited body to place the child referred to above for adoption, or
- (b) an application by the mother or a relative of the child for an adoption order relating to the child.

Please note that an adoption agency may, in the future, request a copy of any notice the Adoption Authority of Ireland may have received from the father of a child proposed for adoption. At such time, your contact details will be referred to the relevant CFA/Accredited Body.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_

**Please return the form along with a photocopy of a photo ID to:**

**The Adoption Authority of Ireland, Shelbourne House,  
Shelbourne Road, Ballsbridge, Dublin 4, D04 H6F6**