



GOAHEAD MISSION INC.

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Adoption application form

I want to adopt into a good country, a good family, a good school, and a good environment.

- Name
- Date of Birth:
- Characteristics or illness of the child:

ID Picture

- About Family:

In particular, a parent must sign a waiver of the biological child.

Guardian Name:

Relationship with Child:

Signature Date:

Signature:

The Chief Executive Officer of Goahead Branch of _____