FAMILY LAW
AND PARENTAL
SUPPORT AUTHORITY

Agreement by the Social Welfare Committee (Social Services Act)

Agreement that the adoption may proceed in accordance with the Swedish Social Services Act, Chap. 24, Section 5*

1. Case officer

Case worker/our reference		Social Welfare Committee (stamp here)
E-mail		
Telephone	Date	

The Social Welfare Committee agrees that the adoption of the child specified below by the applicant(s) specified below may proceed.

2. Child

First name and surname	Date of birth
State of origin	

3. Applicant(s)

First name (all) and surname (applicant A)		Personal ID no. (12 digits)
E-mail		Telephone
First name (all) and surname (applicant B)		Personal ID no. (12 digits)
E-mail		Telephone
Address	Postcode and city/town	

4. By the authority of the Social Welfare Committee

Place and date	Signature
Position/title	Clarification of signature

* For international adoptions subject to Act (1997:191) consequent on Sweden´s accession to the Hague Convention on Protection of Children and Cooperation and Respect of Intercountry Adoption, use MFoF's form 4617.

MFoF 4616en (001 F 001) Fastställd av Myndigheten för familjerätt och föräldraskapsstöd

Family Law and Parental Support Authority, MFoF

Postal address
Box 35
931 21 Skellefteå

Head office
Nygatan 40B
931 31 Skellefteå

Telephone: 010-190 11 00
E-mail: info@mfof.se
Website: www.mfof.se