

**Name, Address & Phone Number**  
**(If Attorney filing, type Name, Address & Phone Number)**

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Petitioner(s), Pro Se  
 Attorney for Petitioner(s)

**IN THE FAMILY COURT OF THE SECOND CIRCUIT**  
**STATE OF HAWAII**

In the Matter of Adoption of ) FC-A NO. \_\_\_\_\_  
A  MALE  FEMALE )  
Born on: )  
A  MALE  FEMALE )  
Born on: )  
A  MALE  FEMALE )  
Born on: )  
A  MALE  FEMALE )  
Born on: )  
by )  
[  ] the legal spouse of [  ] and )  
[  ] the child(ren)'s legal parent )  
[  ] husband and wife [  ] civil union partners )  
[  ] an unmarried person )  
\_\_\_\_\_  
Petitioner(s) )

MEDICAL CERTIFICATE  
FOR THE CHILD

**MEDICAL CERTIFICATE FOR THE CHILD**

The undersigned, being duly licensed to practice medicine in the State of \_\_\_\_\_ does hereby acknowledge that he/she has examined

\_\_\_\_\_, and finds that said child's physical and mental condition is as follows:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Physician

\_\_\_\_\_

Printed Name of Physician

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone Number

**Americans with Disabilities Act Notice**

If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:



Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov). The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.