

FAMILY COURT FIRST CIRCUIT STATE OF HAWAI'I	MEDICAL CERTIFICATE FOR THE CHILD	CASE NUMBER FC-A No.
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<p>In the Matter of the Adoption of A <input type="checkbox"/> MALE CHILD <input type="checkbox"/> FEMALE CHILD Born on: _____</p> <p>A <input type="checkbox"/> MALE CHILD <input type="checkbox"/> FEMALE CHILD Born on: _____</p> <p>A <input type="checkbox"/> MALE CHILD <input type="checkbox"/> FEMALE CHILD Born on: _____ by _____</p> <p>_____</p> <p><input type="checkbox"/> legal spouse of <input type="checkbox"/> civil union partner of <input type="checkbox"/> and _____</p> <p>_____</p> <p><input type="checkbox"/> the child(ren)'s legal parent <input type="checkbox"/> a married couple <input type="checkbox"/> civil union partners <input type="checkbox"/> an unmarried person</p> <p style="text-align: right;">Petitioner(s).</p>	
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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	Print Name of Physician
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Address: _____

Telephone Number: _____