

<p>STATE OF HAWAI'I FAMILY COURT OF THE FIRST CIRCUIT</p>		
<p>This document is prepared by <input type="checkbox"/> Self-Represented <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant <input type="checkbox"/> Attorney for <input type="checkbox"/> Petitioner/Plaintiff <input type="checkbox"/> Respondent/Defendant</p> <p>_____</p> <p>Name (and if applicable, Attorney No.)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>E-Mail Address</p>		
<p>CASE NAME</p>	<p>CASE ID/NUMBER</p>	
<p>TITLE OF DOCUMENT</p>		

FAMILY COURT FIRST CIRCUIT STATE OF HAWAII	MEDICAL CERTIFICATE FOR THE CHILD	CASE NUMBER FC-A No.
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In the Matter of the Adoption of

A MALE CHILD FEMALE CHILD

Born on: _____

A MALE CHILD FEMALE CHILD

Born on: _____

A MALE CHILD FEMALE CHILD

Born on: _____

by

_____ legal spouse of civil union partner of and

- _____ the child(ren)'s legal parent
 a married couple civil union partners
 an unmarried person

Petitioner(s).

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: _____