



REPUBLIC OF THE MARSHALL ISLANDS
OFFICE OF THE PUBLIC SERVICE COMMISSION
P.O. Box · Majuro, Marshall Islands MH

STATEMENT OF CUSTOMARY ADOPTION

I, _____ (The Policyholder) being duly sworn, state as follows:

1. I am a citizen of the Republic of the Marshall Islands and a resident of _____ village
_____, Atoll;
2. I live at (Address) _____
3. I have customarily adopted the following children:

| Name | Date of Birth | Date of Adoption |
|----------|---------------|------------------|
| a) _____ | _____ | _____ |
| b) _____ | _____ | _____ |
| c) _____ | _____ | _____ |
| d) _____ | _____ | _____ |
| e) _____ | _____ | _____ |
| f) _____ | _____ | _____ |
| g) _____ | _____ | _____ |

4. Ever since my adoption of the above children, they have lived with me as my own children and have been financially supported by me.
5. The natural parents of the above-named children consented to the adoption of these children.
6. The above adoptions occurred in accordance with Marshallese custom and are recognized under Marshallese custom.

Date: _____

Name (Policyholder)

VERIFICATION

This is my affidavit and its contents have been translated to me in Marshallese and I verified its accuracy.

Signature (Policyholder)

Subscribed and sworn to before me this _____ day of _____ 20_____