



National Authority for Child Care  
(NACC)

**ADOPTION APPLICATION  
WITHDRAWAL FORM**

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Name of PAPs	:	
Address	:	
FAA/Country	:	
Date of Approval	:	
Date of Withdrawal	:	
Reason for Withdrawal:		
File request	<input type="checkbox"/> returned	<input type="checkbox"/> disposed

\_\_\_\_\_  
Name and Signature of the couple

Date:

\_\_\_\_\_  
Name and Signature of the CA/FAA social worker

Date: