

**MATCHING CERTIFICATE**

ONLY the adoption agency responsible for conducting the adoption of the child in

question can fill in this form.

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| **Details of prospective Adoptive Parent(s)** |
| Name:  |
| Address: |
| **I confirm that the person(s) named above has been approved for adoption and matched with a child by our agency Together4Children** |
| **They were notified of this on:**  |  |
| **It is expected that the child will be placed with them on:**  |  |
| **The child was placed with them on:**  |  |
| **Agency Name and Address**  |
| Together4ChildrenPermanency PartnershipCentral Permanency Hub2 Staffordshire PlaceTipping StreetStaffordST16 2DHTel: 0300 111 8044Email: together4children@staffordshire.gov.uk  |
| **This adoption agency is approved under the Adoption and Children Act 2002.** |
| **Name**  | **Title**  |
|  |  |
| **Signature**  | **Date**  |
|  |  |