

**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** | |
| Together4Children  Permanency Partnership  Central Permanency Hub  2 Staffordshire Place  Tipping Street  Stafford  ST16 2DH  Tel: 0300 111 8044  Email: [together4children@staffordshire.gov.uk](mailto:together4children@staffordshire.gov.uk) | |
| **This adoption agency is approved under the Adoption and Children Act 2002.** | |
| **Name** | **Title** |
|  |  |
| **Signature** | **Date** |
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