



**NOTICE OF INTENT**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES-ADOPTIONS  
 SFN 947 (2-2023)

**NOTICE OF INTENT TO BRING A FOREIGN-BORN CHILD INTO NORTH DAKOTA  
 (FINAL INTERNATIONAL ADOPTION DECREE)**

**TO: THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

The undersigned adoptive parent(s) and the undersigned primary adoptive agency bringing a foreign-born child, into the State of North Dakota for the purpose of adoption, hereby notifies the Department of Health and Human Services of the intention to bring the child into the State and requests prior consent and authorization from the Department of Health and Human Services for such action.

Pursuant to requirements of NDCC Section 50-12-14.1, the undersigned hereby provides the following information and certifies it to be true, accurate, and complete:

Child's Name, (Last, First, Middle)	Date of Birth
Birthplace (City, Country, Legal Residence)	

Name of Person(s) with Who Adopted/Are to Adopt the Child		Telephone Number	
Address	City	State	ZIP Code

Primary Agency Placing the Child with North Dakota Family		Telephone Number	
Address	City	State	ZIP Code

The undersigned agree to supply the ND Licensed Child Placement Agency assisting in the placement and the Department of Health and Human Services with any supporting or additional information which may be requested. It is recognized that the adoption has been/or will be decreed abroad and all legal and financial responsibility for the child rests with the adoptive parent(s).

**Attach all child referral information that is available.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Parent	
Parent	
Primary Agency Representative	
Approved (HHS Representative)	Date Approved