

# Touch A Life Child Application

## Personal Information on the child:

**Name of Child** WANGUIC BRIDGET

**Gender** Female (femenino)

**Date of birth** Friday, May 15, 2015

**Nationality:** UGANDAN

**Country** Uganda

**Town** NEBBI

**What is the child's current status?** Orphan (Huerfano)

**Please write a story about how the child became orphaned or destitute or abandoned. (Make it as detailed as possible and use additional paper if necessary.)**

THE DIED WHEN GIVING BIRTH TO THIRD CHILD AND FATHER WAS WITCHED IN HIS GARDEN AFTER 2YEARS LATER LAST YEAR APRIL HE ALSO PASSED AWAY LEAVING TWO ORPHANS

## Family Information:

**Does the child have any natural brothers or sisters? (If the answer is yes, please list their names and current ages.)** **Name (Nombre)** AMARWOTH SINDIA

**Age (Edad)**  
7

**What is the child's eye color?** BLACK WHITE

**What is the child's hair color?** BLACK

**What language(s) does the child speak?** ALUR LANGUAGE (MOTHER TONGUE)

**What are the typical foods eaten by the child?** CASSAVA AND BEANS

**What is the child's favorite color?** WHITE

**Has the child ever gone to school?** No

**Is the child currently attending school?**

No

**Why is the child not currently attending school?**

NO SCHOOL FEES

**If the child has toys, what does he like the most?**

CAR TOY

**What toys does the child wish to have?**

CAR TOY

**What is the father's name?**

DOLO PATRICK

**What is the father's occupation and weekly salary?**

PEASANTS FARMER

**What is the mother's name?**

CIKAWUN CHARITY

**What is the mother's occupation and weekly salary?**

WAS APEASANT FARMER

**Describe the specific living conditions of the child in detail. List the child's material possessions.**

THE CHILD CONDITION IS NOT GOOD

**Describe the condition of the house and living area.**

GRASS THATCH HOUSE WITH SINGLE ROOM AND ALMOST FALLING DOWN

**Photograph of the house/orphanage**



**Spiritual Information:**

**Has the child accepted Christ as their personal Savior?**

Yes

**Does the child attend Sunday School regularly?**

Yes

**What is the name of the church?**

ERUSSI GREATER GRACE CHURCH

**What city is the church in?**

ARUA CITY

**What is the pastor's name?**

PR. OSAGA ROBERT

**Does the child have a favorite Bible story or verse?**

GENESIS 1:1

## Medical Information

**Does a doctor examine the child regularly?**

No

**Does the child have any physical or mental handicaps?**

No

**What is the child's height?**

Please enter a number

130

cm

**What is the child's weight?**

Please enter a number

27

kgs

**Where is the child now living?**

With their own family (con su familia)

## Orphanage Information

## Christian Home Information

## Summary

**Date Application Completed**

Tuesday, June 13, 2023

**Application completed by**

PR. OSAGA ROBERT

**Signature of person completing application**

**Application approved by (Director)**

PR. OSAGA ROBERT