

**BIRTH FAMILY AND CHILD HISTORY (MATERNAL)**

Child's Birth Name: \_\_\_\_\_

Birth Date \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Time of Birth \_\_\_\_\_ Hospital \_\_\_\_\_ Gender \_\_\_\_\_ Birth Weight \_\_\_\_\_

Apgar Scores \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Complexion \_\_\_\_\_

Pediatrician \_\_\_\_\_ Contact Info \_\_\_\_\_

Immunizations \_\_\_\_\_ Shots and Dates \_\_\_\_\_

Child's General Health Status \_\_\_\_\_

Child's Progress: Physical, Emotional, Developmental \_\_\_\_\_

**PREGNANCY INFORMATION:**

Prenatal Care? \_\_\_\_\_ If yes, how many visits \_\_\_\_\_ Month of the First Visit \_\_\_\_\_

Length of Pregnancy \_\_\_\_\_ Complications during Pregnancy \_\_\_\_\_

Type of Delivery \_\_\_\_\_ Length of Labor \_\_\_\_\_ Birth Mother's Blood Type \_\_\_\_\_

Have you had other pregnancies? No Yes if yes, please explain: \_\_\_\_\_

Have you had any miscarriages? No Yes if yes, please explain: \_\_\_\_\_

Do you have any children not residing with you? Yes No \_\_\_\_\_

Have you previously released a child and/or had rights terminated on a child? Yes No \_\_\_\_\_

Information Provided By: \_\_\_\_\_ Date: \_\_\_\_\_

1. Indicate how the birth family feels about the plan being made for the child(ren):

\_\_\_\_\_  
\_\_\_\_\_

2. What do you want your child (ren) to know about why placement for adoption or foster care was necessary?

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3. Is the birth father of the child (ren) aware of the adoption/foster plan in place?

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4. Is there a genetic relationship between the birth parents?  Yes  No

5. If yes, how were they related? \_\_\_\_\_

Has the birth mother or birth father expressed any feelings regarding this child and the placement plan that is being made?

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6. What is the relationship between the birth mother and or birth father of this child at this time?

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7. Were you married to someone else at the time of conception?  Yes  No

***DRUGS TAKEN DURING AND BEFORE PREGNANCY***

Indicate in the appropriate space medications/drugs taken during this pregnancy involving this child and/or medications/drugs taken prior to this pregnancy.

<i>Name of Drug/Medication *</i>	<i>YES</i>	<i>NO</i>	<i>MONTH(S)</i>	<i>YEARS</i>	<i>TYPE, FREQUENCY, AMOUNT</i>
ADD/ADHD Medications					
Alcohol					
Anticonvulsant					
Antidepressants					
Antihistamines					
Aspirin/Other Pain Killers					
Cancer Medications					
Cigarettes					
Cocaine/Crack					
Cortisone					
Diet Pills					

Heart/Blood Pressure					
Heroin					
Hormones					
Inhalants					
LSD					
Marijuana					
Nausea Meds/Tranquilizers/ Anti-Anxiety Medications					
Prenatal or Other Vitamins					
Nose Drops					
Sleeping Pills/Barbiturates					
Thalidomides					
Herbs/Supplements					

If any others, please list here:

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To the best of your knowledge, is the birth father on medications or has he used any non-prescription drugs? If yes, please list here:

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**Birth Mother History:**

Identifying Information:

Name: \_\_\_\_\_ ( \_\_\_\_\_ ) Phone Number: ( \_\_\_\_\_ )  
Maiden Name Area Code

Address: \_\_\_\_\_  
Number & Street Name City State / Zip Code

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

Number of Previous Marriages: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Address of Spouse: \_\_\_\_\_  
Street No. and Name City State Zip Code

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_ Place of Divorce: \_\_\_\_\_

Date of Death of Spouse: \_\_\_\_\_ or  N/A

Where is Spouse Employed? \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

Race and Ethnicity: \_\_\_\_\_

If Native American, what Tribe?

Registered:  Yes  No

Relationship/Name of Indian Relative: \_\_\_\_\_ Birth Date: \_\_\_\_\_

If married, was pregnancy shared with spouse?  Yes  No

Physical Description:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color & Texture: \_\_\_\_\_

Complexion/Skin Color: \_\_\_\_\_

Distinguishing Physical Features: \_\_\_\_\_

Describe your personality: \_\_\_\_\_

Describe your sexual orientation:

Education:

Name of Last School Attended: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Average Grades Attained in School: \_\_\_\_\_

Post High School Training: \_\_\_\_\_

Subjects you were interested in during school years: \_\_\_\_\_

Goals and ambitions: \_\_\_\_\_

Hobbies, interests, and pastime activities: \_\_\_\_\_

Employment History: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Length of time employed at above: \_\_\_\_\_

Previous Occupations: \_\_\_\_\_

Military Service?  Yes  No If yes, what branch of service? \_\_\_\_\_

Discharge date and highest rank achieved? \_\_\_\_\_

**Health History:**

Present General Health: \_\_\_\_\_

Dominance:  right-handed  left-handed

Childhood Diseases: \_\_\_\_\_

Major Surgery?  Yes  No If Yes, for what condition(s):

\_\_\_\_\_  
\_\_\_\_\_

When Did Surgery Take Place: \_\_\_\_\_

Other Information: \_\_\_\_\_

Were you or any member of your immediate family adopted?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**Birth Mother's Mother:**

Name: \_\_\_\_\_ (Maiden Name)

Deceased?  Yes  No If Yes, Age at Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age (if not deceased): \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. & Name of Street City State Zip

Social Security Number: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color and Texture: \_\_\_\_\_

Skin Color / Complexion: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Nationality Background: \_\_\_\_\_

Religion: \_\_\_\_\_

Health/Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

**Birth Mother's Father:**

Name: \_\_\_\_\_

Deceased?  Yes  No If Yes, Age at Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age (if not deceased): \_\_\_\_\_

Present Address: \_\_\_\_\_

No. & Name of Street City State Zip

Social Security Number: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color and Texture: \_\_\_\_\_

Skin Color / Complexion: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Nationality Background: \_\_\_\_\_

Religion: \_\_\_\_\_

Health/Medical Concerns: \_\_\_\_\_

**Birth Mother's Maternal Grandmother/Grandfather:**

	<b>Grandmother</b>	<b>Grandfather</b>
Name:		
If Deceased, age at death and cause of death		
Birth Date/Age		
Present Address		
Physical Appearance		
Health/Medical Concerns		

**Birth Mother's Paternal Grandmother/Grandfather:**

	<b>Grandmother</b>	<b>Grandfather</b>
Name:		
If Deceased, Age at Death and Cause of Death		
Birth Date/Age		
Present Address		
Physical Appearance		
Health/Medical Concerns		

**Birth Mother's Brothers and Sisters:**

Name: \_\_\_\_\_ (Maiden Name)

Deceased?  Yes  No If Yes, Age at Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age (if not deceased): \_\_\_\_\_

Present Address: \_\_\_\_\_

No. & Name of Street City State Zip

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

Name of Spouse: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color and Texture: \_\_\_\_\_

Skin Color/Complexion: \_\_\_\_\_

Health/Medical Coverage: \_\_\_\_\_

Presently in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Religion: \_\_\_\_\_ Aware of Child's Adoption: \_\_\_\_\_

Hobbies/Interests/Talents: \_\_\_\_\_

Children: \_\_\_\_\_ General Health of Children: \_\_\_\_\_

Name: \_\_\_\_\_ (Maiden Name)

Deceased?  Yes  No If Yes, Age at Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age (if not deceased): \_\_\_\_\_

Present Address: \_\_\_\_\_

No. & Name of Street City State Zip

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

Name of Spouse: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color and Texture: \_\_\_\_\_

Skin Color/Complexion: \_\_\_\_\_

Health/Medical Coverage: \_\_\_\_\_

Presently in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Religion: \_\_\_\_\_ Aware of Child's Adoption: \_\_\_\_\_

Hobbies/Interests/Talents: \_\_\_\_\_

Children: \_\_\_\_\_ General Health of Children: \_\_\_\_\_

**Other Children Born to Birth Mother:**

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age: \_\_\_\_\_

With Whom Does Child Reside? (Relationship): \_\_\_\_\_

Was Pregnancy and Delivery of This Child Normal:  Yes  No

If not, please state problem(s): \_\_\_\_\_

If Deceased, Age at Death and Cause of Death: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color and Texture: \_\_\_\_\_

Skin Color/Complexion: \_\_\_\_\_

Presently in School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

General Health: \_\_\_\_\_ Any Major Surgery: \_\_\_\_\_

Health Problems: \_\_\_\_\_

If Health Problems are Present, Could They Be linked genetically to the Child that is placed for Adoption:

\_\_\_\_\_

Aware of Child's Birth and/or Adoption: \_\_\_\_\_

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age: \_\_\_\_\_

With Whom Does Child Reside? (Relationship): \_\_\_\_\_

Was Pregnancy and Delivery of This Child Normal:  Yes  No

If not, please state problem(s): \_\_\_\_\_

If Deceased, Age at Death and Cause of Death: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color and Texture: \_\_\_\_\_

Skin Color/Complexion: \_\_\_\_\_

Presently in School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

General Health: \_\_\_\_\_ Any Major Surgery: \_\_\_\_\_

Health Problems: \_\_\_\_\_

If Health Problems are Present, Could They Be linked genetically to the Child that is placed for Adoption:

\_\_\_\_\_

Aware of Child's Birth and/or Adoption: \_\_\_\_\_



## Medical History

Indicate by using abbreviations: Birth Mother (BM); Maternal Grandmother (MGM); Maternal Grandfather (MGF); Birth Father (BF); Paternal Grandmother (PGM); Paternal Grandfather (PGF); Sister (S); Brother (B)

MEDICAL CONDITION	Other Relative			Comments
	BM	BF	(Specify)	
<b>ADD/ADHD</b>				
<b>Allergies</b>				Any cause known? Treatment Medication:
Asthma				
Food				
Hay Fever				
Insect Bites				
Latex				
Other				
<b>Alzheimer's Disease</b>				
<b>Arthritis</b>				Type? How Severe?
<b>Blood Disease/Disorder</b>				
Anemia				
Hemophilia				
Leukemia				
Sickle Cell Trait/Disease				
Other				
<b>Cancer</b>				Age at Onset? Treatment:
Breast				
Bone				
Colon/Rectal				
Kidney				
Liver				
Lung				
Ovarian				
Pancreatic				
Prostate				
Skin				
Other				
<b>Chemical Dependency</b> Family History of Drugs/Alcohol				Specify Substances: Treatment Outcome:
<b>Dental Problems</b>				What Type? Comments:

For comments requesting additional information (i.e., allergy treatment/medications), please attach additional pages.

## Medical History

### Other Relative

MEDICAL CONDITION	BM	BF	(Specify)	Comments
<b>Developmentally Disabled</b>				Type/Classification: Cause: Hospitalized?
<b>Diabetes</b>				Type? Age at onset? Treatment:
<b>Gall Bladder Disease</b>				
<b>Gastrointestinal Problems</b>				
Crohn's Disease				
Colitis				
Reflux				
Ulcers				
<b>Hearing Impairments</b>				Special Education? Treatment:
Deafness				
Hearing Impaired				
<b>Heart/Circulation Problems</b>				Age at onset? Treatment:
Congenital Heart Defect				
Heart Attack				
High/Low Blood Pressure				Medication?
Stroke				
Aneurysm				
<b>Hormone Disorder</b>				Age at onset? How treated?
<b>Immune Deficiencies</b>				
Aids				
HIV				
<b>Kidney</b>				Age at onset? Treatment?
<b>Learning Disability</b>				Special Education?
<b>Liver Disease</b>				
Cirrhosis				
Hepatitis A, B or C				
<b>Mental Illness</b>				Age at onset? Treatment? Hospitalization? Outcome:
Anxiety (Severe)				
Bipolar (Manic Depression)				
Depression				
Other Psychiatric Disorders				
Schizophrenia				
<b>Neurological Conditions</b>				Age at onset? Treatment:
Cerebral Palsy				
Huntington Disease				
Muscular Dystrophy				
Multiple Sclerosis				
Parkinson's Disease				
Seizures, Convulsions/Epilepsy				

## Medical History

### Other Relative

MEDICAL CONDITION	BM	BF	(Specify)	Comments
<b>Physical Deformities or Defects</b> (not already listed)				
Club Foot				Both Feet? How severe?
Dwarfism				
Harelip (Cleft Palate)				How severe?
Spina Bifida				
Other				
<b>Pulmonary/Lung Condition</b>				
Cystic Fibrosis				
<b>Reproductive History</b>				
Birth Defects				Specify:
Infertility				Cause:
Miscarriage				Number/Cause:
Multiple Births				Identical/Fraternal
Still Births				
SIDS (Sudden Infant Death)				
<b>Sexually Transmitted Diseases</b>				
Chlamydia				
Condyloma Accumintal/HPV (genital warts)				
Genital Herpes Virus				
Gonorrhea				
Syphilis				
<b>Skin Disorders</b>				Treatment
Severe Acne				
Eczema				
Psoriasis				
Skin Pigmentation				
Other				
<b>Speech Problems</b>				Special Education
<b>Thyroid Condition</b>				Treatment and Outcome
<b>Vision</b>				
Blindness				
Cataracts				
Crossed Eye/Lazy Eye				
Detached Retina				
Eyeglasses				
Glaucoma				
Macular Degeneration				
<b>Any other conditions that run in the family?</b>				Explain:

**BIRTH FAMILY AND CHILD HISTORY**

**PATERNAL**

**Birth Father History:**

Information Provided By: \_\_\_\_\_ Date: \_\_\_\_\_

Identifying Information: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Name City State Zip Code

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

Number of Previous Marriages: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Address of Spouse: \_\_\_\_\_  
Street No. and Name City State Zip Code

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Date of Separation: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_ Place of Divorce: \_\_\_\_\_

Date of Death of Spouse: \_\_\_\_\_ or  N/A

Where is Spouse Employed? \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

Nationality Background: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

If Native American, what Tribe? \_\_\_\_\_

Registered:  Yes  No

Relationship/Name of Indian Relative: \_\_\_\_\_ Birth Date: \_\_\_\_\_

If married, was pregnancy shared with spouse?  Yes  No

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

**Physical Description:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Build: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color & Texture: \_\_\_\_\_

Complexion / Skin Color \_\_\_\_\_

Distinguishing Physical Features: \_\_\_\_\_

Describe your personality: \_\_\_\_\_

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Describe your sexual orientation:

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Education:

Name of Last School Attended: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Average Grades Attained in School: \_\_\_\_\_

Additional Training Obtained: \_\_\_\_\_

Do You Have Future Plans for Schooling? \_\_\_\_\_

Extracurricular activities in which you participated during school years: \_\_\_\_\_

Subjects you were interested in during school years: \_\_\_\_\_

Goals and ambitions: \_\_\_\_\_

Present hobbies, interests, and pastime activities: \_\_\_\_\_

Employment History:

Current Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Length of time employed at above: \_\_\_\_\_

Previous Occupations: \_\_\_\_\_

Military Service?     Yes     No    If yes, what branch of Service? \_\_\_\_\_

Discharge date and highest rank achieved? \_\_\_\_\_

Health History:

Present General Health: \_\_\_\_\_

Dominance:             right-handed             left-handed

Childhood Diseases: \_\_\_\_\_

Major Surgery?  Yes  No If Yes, for what condition(s):

When Did Surgery Take Place: \_\_\_\_\_

Other Information: \_\_\_\_\_

Were you or any member of your immediate family adopted?  Yes  No

If yes, please tell whom: \_\_\_\_\_

Have you previously released a child and/or had rights terminated on a child?  Yes  No

If so, when? \_\_\_\_\_

Do you have any other children not residing with you?  Yes  No

**Birth Father's Mother**

Name: \_\_\_\_\_ (Maiden Name)

Deceased?  Yes  No If Yes, Age at Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current Age (if not deceased): \_\_\_\_\_

Present Address: \_\_\_\_\_

No. & Name of Street City State Zip

Social Security Number: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color and Texture: \_\_\_\_\_

Skin Color / Complexion: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Nationality Background: \_\_\_\_\_

Religion: \_\_\_\_\_

Health / Medical Concerns: \_\_\_\_\_

**Birth Father's Father:**

Name: \_\_\_\_\_

Deceased?  Yes  No If Yes, Age at Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current Age (if not deceased): \_\_\_\_\_

Present Address: \_\_\_\_\_

	No. & Name of Street	City	State	Zip
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Social Security Number: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color and Texture: \_\_\_\_\_

Skin Color / Complexion: \_\_\_\_\_

Racial Background: \_\_\_\_\_

Nationality Background: \_\_\_\_\_

Religion: \_\_\_\_\_

Health/Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Birth Father's Paternal Grandmother/Grandfather:**

	<b>Grandmother</b>	<b>Grandfather</b>
Name:		
If Deceased, age at death and cause of death		
Birth date/Age		
Present Address		
Physical Appearance		
Health/Medical Concerns		

**Birth Father's Paternal Grandmother/Grandfather:**

	<b>Grandmother</b>	<b>Grandfather</b>
Name:		
If Deceased, Age at Death and Cause of Death		
Birth date/Age		
Present Address		

Physical Appearance		
Health/Medical Concerns		

**Birth Father's Brothers and Sisters:**

Name: \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Deceased?  Yes  No If Yes, Age at Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age (if not deceased): \_\_\_\_\_

Present Address: \_\_\_\_\_

No. & Name of Street City State Zip

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

Name of Spouse: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color and Texture: \_\_\_\_\_

Skin Color/Complexion: \_\_\_\_\_

Health/Medical Coverage: \_\_\_\_\_

Presently in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Religion: \_\_\_\_\_ Aware of Child's Adoption: \_\_\_\_\_

Hobbies/Interests/Talents: \_\_\_\_\_

Children: \_\_\_\_\_ General Health of Children: \_\_\_\_\_

Name: \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Deceased?  Yes  No If Yes, Age at Death: \_\_\_\_\_ Cause of Death: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age (if not deceased): \_\_\_\_\_

Present Address: \_\_\_\_\_

No. & Name of Street City State Zip

Marital Status:  Never Married  Married  Separated  Divorced  Widowed

Name of Spouse: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color and Texture: \_\_\_\_\_

Skin Color/Complexion: \_\_\_\_\_

Health/Medical Coverage: \_\_\_\_\_

Presently in School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Religion: \_\_\_\_\_ Aware of Child's Adoption: \_\_\_\_\_



Hobbies/Interests/Talents: \_\_\_\_\_

Children: \_\_\_\_\_ General Health of Children: \_\_\_\_\_

**Other Children Born to Birth Father:**

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age: \_\_\_\_\_

With Whom Does Child Reside? (Relationship): \_\_\_\_\_

Was Pregnancy and Delivery of This Child Normal:  Yes  No

If not, please state problem(s): \_\_\_\_\_

If Deceased, Age at Death and Cause of Death: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color and Texture: \_\_\_\_\_

Skin Color/Complexion: \_\_\_\_\_

Presently in School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

General Health: \_\_\_\_\_ Any Major Surgery: \_\_\_\_\_

Health Problems: \_\_\_\_\_

If health problems are present, are they linked genetically to the child that is placed for adoption?

\_\_\_\_\_

Aware of Child's Birth and/or Adoption: \_\_\_\_\_

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age: \_\_\_\_\_

With Whom Does Child Reside? (Relationship): \_\_\_\_\_

Was Pregnancy and Delivery of This Child Normal:  Yes  No

If not, please state problem(s): \_\_\_\_\_

If Deceased, Age at Death and Cause of Death: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color and Texture: \_\_\_\_\_

Skin Color/Complexion: \_\_\_\_\_

Presently in School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

General Health: \_\_\_\_\_ Any Major Surgery: \_\_\_\_\_

Health Problems: \_\_\_\_\_

If Health Problems are Present, Could They Be linked genetically to the Child that is placed for Adoption:

\_\_\_\_\_

Aware of Child's Birth and/or Adoption: \_\_\_\_\_

(Please complete pages 9, 10 and 11– Medical History)