

Child's Name: _____

BIRTH MOTHER'S FAMILY HISTORY

	Your Birth Mother	Your Birth Father
Date of Birth (approximate age if unknown)		
Height and Weight	Ht: Wt:	H t: Wt:
Hair Color and Texture		
Coloring	Eye: Skin:	Eye: Skin
Build		
Education Completed		
Occupation		
Talents and Interests		
Religion		
Personality		
Race/Nationality		

SIBLINGS OF BIRTH MOTHER

	<input type="checkbox"/> Male	<input type="checkbox"/> Full	<input type="checkbox"/> Male	<input type="checkbox"/> Full	<input type="checkbox"/> Male	<input type="checkbox"/> Full
	<input type="checkbox"/> Female	<input type="checkbox"/> Half	<input type="checkbox"/> Female	<input type="checkbox"/> Half	<input type="checkbox"/> Female	<input type="checkbox"/> Half
Date of Birth						
Height and Weight	Ht:	Wt:	Ht:	Wt:	Ht:	Wt:
Hair Color and Texture						
Coloring	Eye:	Skin:	Eye:	Skin:	Eye:	Skin:
Build						
Education Completed						
Occupation						
Talents and Interests						
Religion						
Personality						
Race/Nationality						

BIRTH FATHER'S FAMILY HISTORY

	Your Birth Mother	Your Birth Father
Date of Birth (approximate age if DOB unknown)		
Height and Weight	Ht: Wt:	Ht: Wt:
Hair Color and Texture		
Coloring	Eye: Skin:	Eye: Skin:
Build		
Education Completed		
Occupation		
Talents and Interests		
Religion		
Personality		
Race/Nationality		

SIBLINGS OF BIRTH FATHER

	<input type="checkbox"/> Male <input type="checkbox"/> Full <input type="checkbox"/> Female <input type="checkbox"/> Half	<input type="checkbox"/> Male <input type="checkbox"/> Full <input type="checkbox"/> Female <input type="checkbox"/> Half	<input type="checkbox"/> Male <input type="checkbox"/> Full <input type="checkbox"/> Female <input type="checkbox"/> Half
Date of Birth			
Height and Weight	Ht: Wt:	Ht: Wt:	Ht: Wt:
Hair Color and Texture			
Coloring	Eye: Skin:	Eye: Skin:	Eye: Skin:
Build			
Education Completed			
Occupation			
Talents and Interests			
Religion			
Personality			
Race/Nationality			

SIBLINGS OF CHILD TO BE ADOPTED

	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full <input type="checkbox"/> Half	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full <input type="checkbox"/> Half	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full <input type="checkbox"/> Half
Date of Birth						
Height and Weight	Ht:	Wt:	Ht:	Wt:	Ht:	Wt:
Hair Color and Texture						
Coloring	Eye:	Skin:	Eye:	Skin:	Eye:	Skin:
Build						
Education Completed						
Occupation						
Talents and Interests						
Religion						
Personality						
Race/Nationality						

Reason for making adoption plan: