



*All information given is current at the time of child's birth*

BIO-MOTHER			BIO-FATHER		
DOB:	Age:	# of Years of School completed:	DOB:	Age:	# of Years of School completed:
Race:		Ethnicity:	Race:		Ethnicity:
Nationality (Citizenship):		Religion: (if any):	Nationality (Citizenship):		Religion (if any):

GENERAL PHYSICAL APPEARANCE OF BIO-PARENTS							
Height:	Feet	Inches	Weight:	Height:	Feet	Inches	Weight:
Eyes:		Hair:		Eyes:		Hair:	
Description of Appearance:				Description of Appearance:			
Talents, Hobbies, Special Interests:				Talents, Hobbies, Special Interests:			

INFORMATION CONCERNING OTHER BIO-CHILDREN							
Name	Adopted?:	Gender:	Age:	Name:	Adopted?:	Gender:	Age:
	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		
	<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N		

ADDITIONAL INFORMATION ABOUT BIO-PARENTS	
General Field of Occupation	General Field of Occupation:
Future Aspirations (Including Educational):	Future Aspirations (Including Educational):

Relationship Between Parents (Attach additional Sheets, if necessary):

Submitted by:	Signature:	Date:
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Manner in which plans for the child's future were made by the parents. Reasons for child being placed for adoption and parental rights being terminated.

Additional comments such as pertinent social information, personality description, information about other family members, placements of child prior to adoption, etc.

<i>I hereby acknowledge receipt of a copy of this form.</i>	Signature of Adoptive Parent 1:	Date:
	Signature of Adoptive Parent 2:	Date:

Name of Agency:

Address: (No. and Street):	City:	State:	Zip:
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Agency Representative Name:	Agency Representative Signature:	Date:
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