

FACT SHEET

Date:

Referred by:

Anonymous or Non-Anonymous?

Birth Mother:

1. Name -
2. Maiden Name -
3. Address, City, State, Zip Code - .
4. County of Residence -
5. Date of Birth -
6. Social Security No. –
7. E-mail address -
8. Home Phone Number –
9. Work Phone Number –
10. Employment –
11. Religious Preference –
12. Currently Married –
13. Previously Married? If so, name of former spouse(s) and date of divorce(s) –
14. Indian Blood –
15. Name of Social Worker and Affiliated Agency –
16. Name of Attorney, if represented –
17. Level of Education –
18. Military Service –
19. Insurance Coverage –
20. Health/Mental Issues –
21. Other Children -

Child:

1. Name and Sex of Child –
2. Due Date or Birth Date –
3. Name of Hospital –
4. City, County and State of Hospital –
5. Name of Doctor –
6. Name and Address of Foster Parents
7. Place of Conception (city, county, state) -
8. Insurance Coverage -
9. Health Issues –
10. Venue -
11. Birth Weight -

Alleged/Presumed Father:

1. Name -
2. Address, City, State, Zip Code -
3. County of Residence -
4. Date of Birth -
5. Social Security No. -
6. Place of Employment -
7. Work Phone Number -
8. Home Phone Number -
9. Physical Description –
10. Indian Blood –
11. Military Service –
12. Level of Education –
13. Name Social Worker –
14. Name of Attorney, if represented –
15. Aware of Pregnancy –
16. Attitude toward Placement –
17. Does alleged father wish to appear in court?
18. Does alleged father wish to be adjudicated?
19. Married?
20. Spouse aware of pregnancy?

Other Alleged/Presumed Father:

1. Name -
2. Address, City, State, Zip Code -
3. County of Residence -
4. Date of Birth -
5. Social Security No. -
6. Place of Employment -
7. Work Phone Number -
8. Home Phone Number -
9. Physical Description -
10. Indian Blood -
11. Military Service -
12. Level of Education -
13. Name Social Worker –
14. Name of Attorney, if represented –
15. Aware of Pregnancy –
16. Attitude toward Placement –
17. Does alleged father wish to appear in court?
18. Does alleged father wish to be adjudicated?
19. Married?.
20. Spouse aware of pregnancy?

Adoptive Parents:

Referred by?

1. Name -
2. Wife's Maiden Name -
3. Address, City, State, Zip Code -
4. County of Residence –
5. E-mail address -
6. Home Phone Number -
7. Work Phone Number of Husband -
8. Work Phone Number of Wife –
9. Fax Number -
10. Date of Birth of Husband -
11. Social Security No. of Husband -
12. Date of Birth of Wife -
13. Social Security No. of Wife -
14. Date of Marriage -
15. State of Birth of Husband -
16. State of Birth of Wife -
17. Husband's Employment -
18. Wife's Employment –
19. Name of Social Worker and Agency doing Home Study
20. Name of Attorney -
21. Religious Preference -
22. Husband's Education -
23. Wife's Education -
24. Health Issues -
25. Other Marriages - date ended - how -
26. Other Children –