



Birth Father's Social & Family History

Print Name: _____

**Please attach a recent photograph of yourself
and of your other children (if any)**

Birthdate _____

Birthplace _____

Social Security # _____

Driver's License: State _____ Number _____

Current Address:

Street	City	State	Zip
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How Long at This Address: _____

Permanent Address (If different)

Street	City	State	Zip
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Home Phone (with area code) _____

Can we leave identifying messages at home? Yes No

If not, please give us a phone number where we can leave messages for you

Where did you grow up (city/town & state)? _____

BIRTH FATHER'S RACE/ETHNICITY

Were you or any member of your immediate family adopted? Yes No
If yes, specify which family member(s) _____

Race (check all that apply)

- Caucasian/White African-American American Indian Asian
- Native Hawaiian or other Pacific Islander Alaskan Native Hispanic Filipino
- Other _____

Nationality/Ethnic Background (e.g., Irish, French, Mexican, Puerto Rican, Italian, Greek, Nigerian, Russian, Chinese)

 Are you a citizen of the United States? Yes No

Are you a permanent resident (with a green card) of the United States? Yes No

Do you have a passport or visa number? _____

NATIVE AMERICAN-INDIAN TRIBAL MEMBERSHIP

To your knowledge, is there any American Indian heritage in your family? Yes No

If you have any American Indian heritage, describe the blood relation and tribe (e.g., my father was one-half Arapaho, my maternal grandmother was one-eighth Sioux)

Are you a member of any Native American Indian tribe? Yes No

Do you qualify to be a member of any Native American Indian tribe? Yes No
If yes, please indicate the tribe, location and your registration, enrollment or registration number: _____

Do you currently or have you ever lived on an American Indian reservation? Yes No

Are any of your relatives members of any Native American Indian tribes? Yes No

Do any of your relatives qualify to be members of any Native American Indian tribes?
Yes No If yes, please list the relative's name (including maiden or former names), address, registration/enrollment number, and the name and location of the tribe:

Have you, your parents, grandparents or any other ancestor ever had a Certificate of Degree of Indian Blood (CDIB)? Yes No
If yes, please attach a copy of the CDIB to this questionnaire

EMPLOYMENT INFORMATION

Are you currently employed? Yes No

If yes, type of job _____

Name & address of employer _____

Work Phone (with area code) _____

Can we contact you at work? Yes No

Do you like your job? Yes No

Do you like your boss? Yes No

Is your employer aware of your plan for adoption? Yes No

Previous Employment (type of job and dates of employment): _____

Career Goals: _____

EDUCATION

Number of years attended:

Grade School _____ Completed/graduated? Yes No

Were you ever "held back" in school? Yes No

Were you ever "skipped ahead" in school? Yes No

High School _____ Completed/graduated? Yes No

Grades Superior High Average Poor

How would you describe your high school experience? _____

College _____ Major _____ Completed/graduated? Yes No

How would you describe your college experience? _____

Vocational or other Training:

Did you like school? Yes No

Did you have a lot of friends in school? Yes No

Did you make friends easily? Yes No

In which of the following subjects did you make good grades (check all that apply)?

Reading Math Science History Spelling English Foreign language
Social Studies Art Drama Sports

In which of the following subjects did you make poor grades (check all that apply)?

Reading Math Science History Spelling English Foreign language
Social Studies Art Drama Sports

If you did not graduate from high school or get a GED, why?

Academic or Educational Achievements/Awards _____

Educational Goals: _____

MILITARY HISTORY

Have you ever served in the military? Yes No

If yes, please specify what branch of the service _____

Dates of service _____

Rank & serial number _____

CRIMINAL HISTORY

Please provide the following information about all arrests or convictions for crimes other than minor traffic infractions: crime, date of conviction, sentence (fine or jail; if jail length of incarceration)

Are you currently on probation or parole? Yes No

If yes, please specify for how long, who you report to, and when you report

RELIGION

Do you practice any religion or attend any religious services? Yes No
If yes, please specify what religious order _____

INTERESTS/TALENTS/HOBBIES

Please give a brief description of what your interests are now. Describe your hobbies, special talents or abilities. What are your personal goals at this time?

Do other members of your family (grandparents, parents, children) have similar hobbies, special talents or abilities? Please describe

Do you speak or write any languages other than English?
If so, what other languages? _____

Were you involved in any school activities or sports? Yes No
If so, describe _____

What are your favorite foods and drinks? _____

What is your favorite place? _____

What is your favorite TV show? _____

What is your favorite pet? _____

What is your favorite color? _____

What is your favorite famous person? _____
Why? _____

What is your favorite style/type of clothes? _____

What is your favorite holiday? _____

What type of music do you prefer? _____

What is your favorite season? Winter Spring Summer Fall

How would you describe your personality as a child, your usual behavior, attitudes, moods, favorite activities, types of people you enjoyed being with, etc.

How do you think your closest friends would describe you?

What would you like to change about yourself?

What bothers you most about others?

What would you like this child to know about you and your family?

**Birth Father's Other Children
Siblings of Child to be Adopted**

If more than 4 children use additional paper

	Sibling #1	Sibling #2	Sibling #3	Sibling #4
Name				
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Full or half sibling	Full <input type="checkbox"/> Half <input type="checkbox"/>	Full <input type="checkbox"/> Half <input type="checkbox"/>	Full <input type="checkbox"/> Half <input type="checkbox"/>	Full <input type="checkbox"/> Half <input type="checkbox"/>
Does this child live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age or Year of Birth				
General health	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Major surgery? (describe)				
Health problems? (describe)				
If deceased, age at & cause of death				
Race, Nationality				
Education				
Hobbies, Talents, Interests				

	Sibling #1	Sibling #2	Sibling #3	Sibling #4
Occupation				
Height				
Weight				
Hair Color				
Eye Color				
Complexion (skin tone)				
Was/Is this child aware of the pregnancy/ adoption plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Personality				

Are your other children aware of the birth mother's pregnancy and the plan of adoption?

Yes No

If so, name the children and their reaction _____

Is there any other information you would like to share with adoptive parent(s) about your other children? Yes No

If so, specify _____

Do you have any objection to the adoptive parent(s) giving information about your other children to the child being adopted? Yes No

Birth Father's Extended Family

If more than 2 sisters or brothers use additional paper

	Your Mother	Your Father	Your Sister or Brother #1	Your Sister or Brother #2
Name				
Age or Year of Birth				
If deceased, age at & cause of death				
Race, Nationality				
Education				
Hobbies, Talents, Interests				
Occupation				
Height				
Weight				
Hair Color				
Eye Color				
Complexion (skin tone)				
Religion				
Marital status of siblings	XXXXXXXXXX	XXXXXXXXXX		

	Your Mother	Your Father	Your Sister or Brother #1	Your Sister or Brother #2
Number of siblings children	XXXXXXXXXX	XXXXXXXXXX		
Health of siblings children	XXXXXXXXXX	XXXXXXXXXX		
Personality				

Please give a brief description of your childhood home, relationship with your parents and siblings and family life

If you have any siblings, are you a twin or triplet? Yes No

If yes, describe and indicate whether you are identical or fraternal

Birth Father's Grandparents

	Your Mother's Mother	Your Mother's Father	Your Father's Mother	Your Father's Father
Name				
Age or Year of Birth				
If deceased, age at and cause of death				
Race, Nationality				
Education				
Hobbies, Talents, Interests				
Occupation				

	Your Mother	Your Father	Your Sister or Brother #1	Your Sister or Brother #2
Height				
Weight				
Hair Color				
Eye Color				
Complexion (skin tone)				
Religion				
Personality				

Please give a brief description of your relationship with your grandparents and what their home was like.

Do you have any family members who were very special in your life? Yes No

If yes, why? _____

The above information is true and complete to the best of my knowledge

Signed: _____

Date: _____