

NATURAL MOTHER'S PREFERENCES

While I am in the hospital, I want the following:

To see infant

OR

Not to see infant

To hold infant

OR

Not to hold infant

To be on maternity ward

OR

Not to be on maternity ward

To know sex of infant

OR

Not to know sex of infant

Special Instructions:

Access to the baby and to me:

Please allow the following people to

_____ See the baby: _____

_____ Hold the baby: _____

_____ See, hold and feed the baby: _____

Please release information only to the following people:

Please allow the following people in the Delivery Room:

Yes _____ No _____ please allow the adoptive parents' access to the baby in the nursery if this is consistent with hospital policy.

I do not want the following people allowed in to see the baby or me:

If the baby is a boy, please consult the adopting parents regarding possible circumcision.

On the birth certificate:

Please allow me to enter the name []

OR

Please fill out "Baby Boy" or "Baby Girl" []

OR

Enter my last name, and the adopting parents' choice of first and middle

Name []

Dated: _____

Signature

Print Name