

ADOPTION TEAM HAWAII, INC.

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NATURAL PARENT INFORMATION
BIRTH MOTHER

DUE DATE: _____

NAME:

Last First Middle

HOME ADDRESS:

Number Street City State Zip

HOME TELEPHONE NUMBER:

EMAIL ADDRESS:

Area Code Number Email Address

NAME OF EMPLOYER:

WORK TELEPHONE NUMBER:

Area Code Number

WORK ADDRESS:

Number Street City State Zip

Please give the name and telephone number of a person we can reach in an emergency:

Name Area Code Number Relationship to you

Does this person know that you are pregnant? _____

Does this person know of your adoption plan? _____

PERSONAL INFORMATION

BIRTH MOTHER

Birth Date / Age

Hair color

Eye color

Complexion

Height

Weight (Pre-Pregnancy)

Nationality

Religion

Education

Hobbies

Job

Marital Status

Social Security Number

BIRTH FATHER

Birth Date / Age

Hair color

Eye color

Complexion

Height

Weight

Nationality

Religion

Education

Hobbies

Job

Marital Status

Social Security Number

3. When and where did you meet him (City and State)? **Name of place?**
How did you meet him? (Please tell us in detail the circumstances of your meeting.)

4. How long did you date him? _____

5. Did you tell him you were pregnant? _____

6. If so, what did he say? _____

7. Did you tell him of your adoption plan? _____

8. If so what did he say? _____

9. When is the last time you saw him? _____

10. Do you know his friends or relatives? _____

11. If you do not know his friends or relatives, why not? (Did he come from another country? etc.)

12. Has he given you any money to help you with the pregnancy?

13. Do you believe the birth father will consent to the adoption? _____

14. Does he want to speak with the adoptive family either by telephone or in person? _____

15. Is there anyone other than the birth father named above who could be the father of this baby? _____

If so, who? _____
16. Is there anyone other than the man named above who is claiming to be the father of this baby? _____

If so, who? _____

BIRTH MOTHER'S COMPLETE MARRIAGE HISTORY

CURRENT MARRIAGE

Are you presently married? _____ If so, please give us the following information about your husband:

NAME:

Last First Middle

HOME ADDRESS:

Number Street City State Zip

HOME TELEPHONE NUMBER:

Area Code Number Social Security Number

NAME OF EMPLOYER:

WORK ADDRESS:

Number Street City State Zip

WORK TELEPHONE NUMBER:

Area Code Number

DATE OF MARRIAGE:

Month: _____ Day: _____ Year: _____

PLACE OF MARRIAGE:

City County State

Are you presently living with your husband? _____

If no, are you separated from him? _____

Have you/he filed for divorce? _____

Do you have a copy of your divorce decree? _____
(If so, please send a copy to us)

If so, when and where? _____

Does your husband know you are pregnant? _____

Does he know of your plan of adoption? _____

Do you believe he will consent to the adoption? _____

Do you have a copy of your divorce decree? _____
(If so, please send a copy to us)

BIRTH MOTHER'S OTHER CHILDREN

Do you have any other children? _____ If so, please tell us the following:

Name of Child Age With whom does child live?

Name of Child Age With whom does child live?

Name of Child Age With whom does child live?

Name of Child Age With whom does child live?

Name of Child Age With whom does child live?

Please tell us about the health of your children:

Have you ever placed a child for adoption? _____ If so, please tell us the following:

Date and Age of child when placed for adoption _____

Name of agency, if any _____

Name of attorney (if an independent/private adoption) _____

CURRENT PREGNANCY

Are you presently seeing a doctor for your pregnancy? _____
If so, please give us the following information.

NAME OF DOCTOR:

Last	First	Middle
------	-------	--------

ADDRESS OF DOCTOR:

Number	Street	City	State	Zip
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TELEPHONE NUMBER OF DOCTOR:

FAX NUMBER OF DOCTOR:

Area Code	Number
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Area Code	Number
-----------	--------

Date on which you first saw this doctor: _____

When did you last see this doctor? _____

When is your next appointment with the doctor? _____

Name of hospital where you plan to deliver if you were to stay in your home state: _____

Have you had an ultrasound during this pregnancy? _____

If so, when and where? _____

Do you know the sex of the baby? _____ Male _____ Female _____

Have you had any problems during the pregnancy? _____

If so, please tell us about them:

How much weight have you gained during this pregnancy? _____

Have you used any prescription medication during this pregnancy?

[] YES [] NO

If so, please tell us what prescription medication was taken, the reason, and the approximate date(s) on which the prescription medication was taken:

Have you used any non-prescription medication during this pregnancy?

[] YES [] NO

If so, please tell us what non-prescription medications were taken, the reason, and the approximate date(s) on which the non-prescription medication was taken: _____

Have you used any other drugs during this pregnancy that you have not already told us about in your answers to the other questions?

[] YES [] NO

If you answered "YES" to any of these questions, please tell us what drug(s) you used, when, and how much:

Have you used alcohol during this pregnancy? [] YES [] NO

When? _____

How often? _____

How much? _____

What kind of alcohol (wine, beer, hard liquor, etc.)? _____

Have you smoked cigarettes during this pregnancy? [] YES [] NO

How often? _____ How many per day? _____

BIRTH MOTHER'S FINANCIAL NEEDS

Do you have private medical insurance or Medicaid? _____

If so, please give us the following information:

Name of medical insurance company or Medicaid Agency:

Policy/I.D. # _____

Name of Insured: _____

Address for claims department: _____

Telephone Number (including area code) for claims: _____

Are you presently receiving benefits under any state assistance program?
(If so, please explain)

Are you eligible to receive Medicaid or state health assistance? _____

What financial assistance, if any, do you expect to need during this pregnancy, assuming such assistance is legal?

ADOPTION PLANS / FEELINGS ABOUT ADOPTION

What made you decide to place your child for adoption?

What would have to change in your life to allow you to raise this baby yourself?

Who else knows about your plans for adoption? What do they think? Are they supportive of your plan?

Is anyone telling you that they will help you to provide for this child? Do you believe they will help you take care of this baby?

What are you looking for in an adoptive family?

What is not acceptable to you in an adoptive family?

Would you consider placing your child with a single person? _____

Is the religion of the adoptive family important to you? _____

If so, what religion do you want them to be? _____

Is this an absolute requirement? _____

Would you like to speak with the adoptive family? _____

Would you like to meet with the adoptive family? _____

Do you object to meeting / speaking with the adoptive family? _____

Would you like this adoption to be anonymous, with neither you nor the adoptive parent(s) knowing the identity of the other? (In other words, do you want us to choose adoptive parent(s) for your child?) _____

What is your expectation for pictures, letters, and continuing contact?

Please tell us anything else about yourself and the birth father that you would want the adoptive family to know:

I have answered all of the above questions honestly and completely, to the best of my knowledge.

Date

Signature