SECTION II – NON IDENTIFYING INFORMATION ABOUT BIRTHFATHER

This information will be given to the adopting parents and will be available to your child. Please answer all questions as completely as possible.

PART I – CHARACTERISTICS OF BIRHTFATHER AT TIME OF ADOPTEE'S BIRTH

A. GENERAL INFORMATION AND PHYSICAL DESCRIPTION:

BIRTHPLACE (STATE ONLY)	HEIGHT	USUAL WEIGHT	EYE COLOR	SKIN COLOR	NATURAL HAIR COLOR	NATURAL HAIR TEXTURE (CHECK ALL THAT APPLY)
LV	5'8	180'	Blue	White	Brown	☐ FINE ☐ MEDIUM ☐ COARSE ☐ STRAIGHT ☒ WAVY ☐ CURLY ☐ BALDING

BIRTHDATE (YEAR ONLY)	BLOOD TYPE	RH FACTOR	BODY TYPE	ARE YOU RIGHT HANDED?
1992			☐ SMALL BONED ☒ MEDIUM BONED ☐ LARGE BONED	RIGHT HANDED ☒ LEFT HANDED ☐

Race/Ethnic Group

☒ White ☐ Hispanic ☐ Filipino ☐ Black ☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native ☐ Other (Specify) _____

If American Indian or Alaskan Native, please specify name of tribe and degree of Indian blood (if known) _____

SPECIFIC NATIONALITY DESCENT (EXAMPLE: IRISH, FRENCH, GERMAN, CANTONESE, MEXICAN, NIGERIAN)

White, Irish

B. EDUCATION:

LAST GRADE COMPLETED:	PRESENTLY IN SCHOOL	USUAL GRADES IN SCHOOL	OTHER TRAINING
12th	☐ YES ☒ NO	C-B's	

EXTRA CURRICULAR ACTIVITIES

Sports, some honors classes, excelled in pe,

SUBJECTS INTERESTED IN

Science, History, Reading, writing,

C. OCCUPATION:

PRESENT OCCUPATION	HOW LONG?	USUAL OCCUPATION

WHAT ARE YOUR OCCUPATIONAL GOALS? (EXAMPLE: TO BE A TEACHER, WELDER, SALES CLERK)

D. PERSONALITY:

DESCRIBE YOUR PERSONALITY IN TERMS OF YOUR USUAL BEHAVIOR, ATTITUDES, MOODS, ACITIVITIES YOU USUALLY PARTICIPATE IN, TYPES OF PEOPLE YOU ENJOY BEING WITH, ETC.

outgoing, I'm a people pleasure. I love to make people laugh, I'm very head strong. I can be stubborn, but I try to be understanding. I'm my grandmas heart I need animals! I've worked through them, I'm compassionate, love animals, love to help.

DESCRIBE TALENTS, HOBBIES AND GOALS IN LIFE.

I'm a event needle and worker. I've sold reptiles all my life, I like to work with wood, making things. I strive to leave a legacy for my children, see them happy.

DESCRIBE HOW YOU WERE AS A CHILD

Hyper, funny, not a bully, my child hood was pretty good. Raised by both my mom and step dad. I did okay in school.

E. ADOPTION QUESTIONS:

Religion: none

What Religion do you practice: _____

ARE YOU WILLING TO HAVE YOUR CHILD REARED IN THE RELIGIOUS FAITH OF THE ADOPTING PARENTS, IF DIFFERENT FROM YOUR OWN? ☒ YES ☐ NO

IF NO, WHAT RELIGIOUS FAITH DO YOU WISH YOUR CHILD TO BE REARED? _____

WHY DID YOU PLACE THIS CHILD FOR ADOPTION? (PLEASE RESPOND AS THOROUGHLY AS YOU CAN. THIS IS THE QUESTION ADULT ADOPTEES MOST OFTEN ASK ADOPTION AGENCIES.)

we decided that in these hard times with covid 19, we decided it might be better for a family who could use the love and joy we have been able to already enjoy. with things being so hard it breaks our heart to see those little ones go, we just know they will find happiness and we will always be there (if needed).

IF YOUR CHILD WAS NOT PLACED FOR ADOPTION AT BIRTH, GIVE INFORMATION ON THE CHILD'S CARE, HEALTH AND DEVELOPMENT BEFORE PLACEMENT.

HOW DO YOU FEEL ABOUT BEING CONTACTED BY THE ADOPTEE WHEN HE OR SHE REACHES ADULTHOOD?

I would encourage it, that way we would all be able to sit down and go from there :) I hope this process is easier for them then it is us, we would love contact.

F. PERSONAL HEALTH HISTORY

DESCRIBE YOUR GENERAL HEALTH: healthy, have HIV

WHAT CHILDHOOD DISEASES HAVE YOU HAD?

MEASLES ☐ RUBELLA (3 DAY) ☐ RUBELLA (2 WEEK) ☐ MUMPS ☐ CHICKEN POX ☐ WHOOPING COUGH ☐ HAYFEVER ☐ ROSEOLA ☐ ASTHMA ☒ EAR INFECTIONS ☐ ENCEPHALITIS ☐ MENINGITIS ☐ EAR RHEUMATIC FEVER ☐ HEART MURMUR ☐ SCARLET FEVER ☐ RHEUMATIC FEVER ☐ URINARY/BLADDER INFECTIONS ☐ OTHER (Specify)

ANY MAJOR SURGERY? ☒ YES ☐ NO IF YES, FOR WHAT CONDITIONS/and when? left eye surgery

ARE YOU A: ☐ TWIN ☐ TRIPLET ☐ OTHER MULTIPLE BIRTH ARE YOU AN ☐ IDENTICAL OR ☐ FRATERNAL TWIN

DID YOU USE ALCOHOL, TOBACCO OR OTHER DRUG SUBSTANCES PRIOR TO THE CHILD'S CONCEPTION?

☐ YES ☒ NO IF YES, LIST THE TYPE OF SUBSTANCE, HOW LONG IT WAS USED AND HOW FREQUENTLY.

G. FAMILY HISTORY

WERE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY ADOPTED?

☐ YES ☒ NO IF YES, PLEASE TELL WHO

	YOUR BIOLOGICAL FATHER	YOUR BIOLOGICAL MOTHER
Current age	N/A	50
If deceased, age at death		
Cause of death		
Height & Weight	HEIGHT WEIGHT	HEIGHT 5'4 WEIGHT 170
Hair color and texture	N/A?	Red Fair
Eye color		blue.
Skin color		fair
Left or right handed		Right
Outstanding features		
Education Completed		High School
Occupation		Health coach
Race/Ethnic Group	☒ WHITE ☐ HISPANIC ☐ BLACK ☐ FILIPINO ☐ ASIAN OR PACIFIC ISLANDER ☐ OTHER (SPECIFY ☐ AMERICAN INDIAN OR ALASKAN NATIVE	☒ WHITE ☐ HISPANIC ☐ BLACK ☐ FILIPINO ☐ ASIAN PACIFIC ISLANDER ☐ OTHER (SPECIFY) ☐ AMERICAN INDIAN OR ALASHAN NATIVE
Nationality	?	
Religion		Christian
Was this parent aware of your pregnancy?	☐ YES ☐ NO	☐ YES ☒ NO
How many brothers or sisters did she/he have?		two sisters
If any of your aunts or uncles have died, give age at death and cause of death.		

	YOUR FATHER'S PARENTS		YOUR MOTHER'S PARENTS	
	FATHER	MOTHER	FATHER	MOTHER
Age			N/A	74
If deceased, age at death and cause of death				
Describe physical appearance				5'4 160
Height & Weight	HEIGHT WEIGHT		HEIGHT	WEIGHT
Outstanding Features				
Education completed				High School
Current of former occupation				Mom
Was he/she aware of your pregnancy?	☐ YES ☐ NO		☒ YES	☐ NO

G. FAMILY HISTORY: (continued)

YOUR BROTHERS AND SISTERS

(If you have more than 4 siblings, please use additional paper)

	1	2	3	4
Sex (Male or Female)	male	female		
Age	15	16		
If deceased, age at death and cause				
Full or half sibling to you?	☐ FULL ☒ HALF	☐ FULL ☒ HALF	☐ FULL ☐ HALF	☐ FULL ☐ HALF
Height & Weight	HEIGHT 5.8 / WEIGHT 180	HEIGHT 5.6 / WEIGHT 140	HEIGHT / WEIGHT	HEIGHT / WEIGHT
Hair color and texture	brown	Red		
Eye color	brown	green		
Skin color	white	white		
Hobbies and talents	math, reading	art, drawing		
Last grade completed	12	12		
Presently in school?	☒ YES ☐ NO	☐ YES ☒ NO	☐ YES ☐ NO	☐ YES ☐ NO
Occupation	working	school		
Aware of Pregnancy?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Marital Status	no	no		
Number of children they have	x	x		
Health of their children	x	x		

YOUR OTHER CHILDREN

(If you have more than 4 children, please use additional paper)

	Child #1	Child #2	Child #3	Child #4
Indicate if son or daughter				
Birthday (mo/day/yr) or age				
Full or half sibling to you?	☐ FULL ☐ HALF	☐ FULL ☐ HALF	☐ FULL ☐ HALF	☐ FULL ☐ HALF
If deceased, age at death				
Cause of death				
Height & Weight	HEIGHT / WEIGHT	HEIGHT / WEIGHT	HEIGHT / WEIGHT	HEIGHT / WEIGHT
Hair color and texture				
Eye color				
Skin color				
Left or right handed				
Grade completed				
Does this child live with you	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Hobbies and talents				
General health				
Major surgery				
Health problems				
Was this child aware of the pregnancy?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES

Indicate by checking appropriate box if YOU or any RELATIVES (i.e., your parents, sisters, brothers, aunts, uncles, grandparents, other children born to you, etc.) have had or now have the medical conditions listed below. Indicate person's relationship to you. Please complete Comments Section. If a medical condition resulted in death of a family member, indicate this and the person's approximate age at time of death in Comments Sections.

MEDICAL CONDITION	NO	Not Known	YES Self	YES – RELATIVE *(Specify relationship)*	COMMENTS
A CONGENITAL IMPAIRMENTS					
1. Clubfoot or any orthopedic problem (i.e., flat footed, etc.)	X				
2. Harelip (cleft lip or cleft palate)	X				
3. Down's Syndrome	X				
4. Other Chromosome abnormality	X				
5. Hydrocephalus	X				
6. Muscular dystrophy	X				Parts of body involved? Age at onset?
7. Dwarfism	X				
8. Spina bifida	X				
9. Congenital heart defect	X				
10. Sickle Cell Anemia	X				
11. Tay-Sachs disease	X				
B ALLERGIES					
1. Eczema or other skin condition	X				To what allergies? What treatment or medication?
2. Hay fever or other allergy	X				
3. Drug allergy	~~X~~		X		To what drugs? benadryl, amoxicillan
4. Food allergy	X				To what foods?
C EYE, DENTAL, EAR AND DEVELOPMENTAL DISORDERS					
1. Blindness, glaucoma, color blindness or other visual problems	X				
2. Corrective glasses or contact lenses			X		At what age were prescription lenses necessary? 15, 27
Nearsighted ☐			X		
Farsighted ☑					
Astigmatism (Inability to focus) ☐	X				
Strabismus (Cross-eyed) ☐	X				
Other (explain) ☐	X				
3. Braces on teeth or other orthodontia work	X				If so, what orthodontic work and for how long?

H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

MEDICAL CONDITION	NO	Not Known	YES Self	YES – RELATIVE *(Specify relationship)*	COMMENTS
4. Deafness or other ear problems	X				Special education? If "Yes", indicate age at onset.
5. Speech problems	X				
6. Learning disability	X				Any diagnosis? Hospitalization?
7. Retardation: mental or physical	X				
D CIRCULATORY DISORDERS					
1. Hemophilia	X				
2. Sickle cell anemia or trait	X				
3. Hypertension (high blood pressure)	X				Age at onset? What treatment? Hospitalization?
4. Stroke	X				
5. Heart attack (coronary)	X				
6. Arthritis	X				What kind? Age at onset? What part of body?
7. Kidney disease	X				Age at onset? What treatment?
E HORMONAL DISORDERS					Age at onset? What treatment?
1. Diabetes	X				
2. Thyroid disorder	X				
3. Obesity (overweight)	X				
F RESPIRATORY DISORDERS					Any (known) cause? What treatment?
1. Asthma	X				
2. Emphysema	X				Age at onset?
3. Tuberculosis	X				Age at onset? What kind? What part of body?
G MENTAL AND BEHAVIORAL DISORDERS					Age at onset? What treatment? Hospitalization?
1. Diagnosed schizophrenia	X				
2. Diagnosed manic depressive	X				
3. Other mental illness. Describe, using additional page, if necessary	X				
4. Alcoholism or heavy drinking	X				
5. Drug usage	X				Kind, amount, and when taken?

H. HEALTH HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (Continued)

MEDICAL CONDITION	NO	Not Known	YES Self	YES – RELATIVE *(Specify relationship)*	COMMENTS
H LYMPHATIC DISORDERS					What kind? Age of onset? What part of body?
1. Cancer	X				her breath, 40-50
2. Tumors				Janet's grandma	
3. Cystic fibrosis	X				
4. Hodgkin's disease	X				
I NERVOUS SYSTEM DISORDERS					Parts of body involved? Age at onset?
1. Multiple sclerosis	X				
2. Huntington's disease	X				
3. Cerebral palsy	X				
4. Seizures or convulsions	X				Age at onset? What treatment? Frequency?
5. Epilepsy	X				
J INFECTION, HOSPITALIZATION					Diagnosis?
1. Repeated attacks of fever with known infection	X				
2. Repeated severe infection necessitating hospitalization	X				
3. Hospitalization, operation, or injury	X				What for? When?
K OTHER MEDICAL OR HEALTH PROBLEMS					