

BIRTH MOTHER'S INQUIRY PROFILE

Date: ___/___/___

Name: _____

Address: _____

City _____ State _____ Zip _____
Telephone: (Hm) _____ (Wk) _____
(Cell) _____ Email: _____

How long have you lived at the given address? _____ Yr(s) _____ Mth(s)

Due Date: _____ / _____ / _____ Can you provide proof of pregnancy? YES / NO

Have you seen a doctor? YES / NO

Name of Physician: _____ Phone Number: (_____) _____

Physician's Address: _____

How many of your other children live with you? _____

What is the general health of your other children? _____

Are you married? YES / NO

Do you know who the father of this baby is? YES / NO

Does he know about the adoption plan? YES / NO

Is the Father of the baby supporting you? YES / NO

How involved will the birth father be? _____

Description of Mother

Age: _____

Color of Hair: _____

Color of Eyes: _____

Race: _____

Height: _____ Weight: _____

Education Level Completed? _____

Description of Father

Age: _____

Color of Hair: _____

Color of Eyes: _____

Race: _____

Height: _____ Weight: _____

Education Level Completed? _____