## KELLEY LAW FIRM

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## **BIRTH MOTHER'S INQUIRY PROFILE**

Name:	Date:/		Date://_
Address:			
	City	State	Zip
Telephone:		(Wk)	
	(Cell)	Email:	
How long ha	ave you lived at the given address? _	Yr(s) $Mth(s)$	
Due Date:		Can you provide proof of pregnance	ey? YES / NO
Have you see	en a doctor? YES / NO		
Name of Phy	ysician:	Phone Number: ( )	
Physician's A	Address:		
	of your other children live with you?		
What is the §	general health of your other children	?	
Are you mar	ried? YES / NO		
Do you know	w who the father of this baby is? YI	ES / NO	
Does he kno	w about the adoption plan? YES / N	NO	
Is the Father	of the baby supporting you? YES /	NO	
How involve	ed will the birth father be?		
<b>Description</b>	of Mother	<b>Description of Father</b>	
Age:	_	Age:	
Color of Hai	r:	Color of Hair:	
Color of Eye	es:	Color of Eyes:	
Race:		Race:	
Height:	Weight:	Height: Weight:	
Education La	evel Completed?	Education Level Completed?	