



Bright Futures Adoption Center

How often do you use street drugs?

More than once a day Daily Weekly Monthly Never

Religion: _____ How active are you in your religion?

Height: _____ Normal Weight: _____

Eye Color: _____ Natural Hair Color: _____

Skin Color: _____ Shoe Size: _____

Build: _____ Handedness: Right Left

Blood Type: _____ RH Factor: _____

Please describe your hobbies and interests? _____

Please describe your personality: _____

What would you like to do in the future? _____

Your Relatives:

Do you have other children? No Yes If yes, please complete the chart below:

	Child One	Child Two	Child Three
Name			
Sex			
Date of Birth			
Hair Color			
Eye Color			
Skin Color			
Build			
Who is parenting the child now?			



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	Child One	Child Two	Child Three
How would you describe your child's behavior and development?			

Do you have brothers/sisters? No Yes If yes, please complete the chart below:

	Sibling One	Sibling Two	Sibling Three	Sibling Four
Name				
Date of Birth				
Height				
Weight				
Hair Color				
Eye Color				
Skin Color				
Build				
Full Sibling or Half Sibling				
Education (highest grade completed)				
Occupation				
Interests and Talents				
Does he/she have children? If so, how many?				

Your Parents: Please fill in the information for your birth parents in the chart below:



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	Your Mother	Your Father
Name (include middle and maiden name)		
Date of Birth		
Race		
Nationality/Ethnic Background		
Height		
Weight		
Hair Color		
Eye Color		
Skin Color		
Build		
Education (highest grade completed)		
Occupation		
Interests and Talents		
Does he/she have siblings? If so, how many?		
General Health (if deceased, please include age & cause of death)		

Your Grandparents: Please fill in the information for your birth grandparents in the chart below:

	Your Mother's Mother	Your Mother's Father	Your Father's Mother	Your Father's Father
Name (include middle and maiden name)				
Date of Birth				



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	Your Mother's Mother	Your Mother's Father	Your Father's Mother	Your Father's Father
Race				
Nationality/Ethnic Background				
Height				
Weight				
Hair Color				
Eye Color				
Skin Color				
Build				
Education (highest grade completed)				
Occupation				
Interests and Talents				
Does he/she have siblings? If so, how many?				
General Health (if deceased, please include age & cause of death)				

Where were you raised? _____

Are you or anyone in your family registered with a Native American tribe?

No Yes If yes, please complete the following:

Full Name of Registered Person: _____

Date of Birth: _____ Name of Tribe: _____

Tribe Location: _____

Does anyone in your family have a drinking or drug problem? No Yes

If yes, who? _____



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Your Feelings About Adoption:

Are you adopted? No Yes

Have you consented to an adoption plan before? No Yes

Is anyone in your family adopted? No Yes If yes, who and what is their relationship to you? _____

Do you have friends who are adopted? No Yes

Do you have friends who have made an adoption plan for their child? No Yes

What makes you feel you should consider making an adoption plan for your child?

What worries you about making an adoption plan for your child?

What other parenting options might be possible? Have you considered them?

Who else knows you are considering adoption? What do they think?

Has anyone offered to help you take care of this baby? If so, are the offers realistic?

Are you looking for a special kind of family for your baby? If so, please describe what that family might be like:

Please describe the characteristics of an adoptive family you cannot accept:

Do you have special desires or hopes for your child?

How do you think it would feel to be adopted?

Why do you think someone would want to adopt a baby?

How do you think race matters in adoption?

Is there anything that might make it hard for another family to adopt your baby?



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If you could, would you like to:

Select the adoptive parents?	No	Yes	Not Sure
Talk on the phone with the adoptive parents?	No	Yes	Not Sure
Meet the adoptive parents?	No	Yes	Not Sure

Would you like to have ongoing contact with the adoptive family? No Yes
If yes, please describe the type of contact (for example, pictures and letters, telephone conversations, visits etc.) and the frequency (once a year, once a month, once a week etc.):

Do you wish to be contacted if the child's health situation requires additional health history or availability of certain blood relatives (for example, an organ transplant or bone marrow donation)? No Yes

Would you be willing to provide:

A picture of yourself for your child?	No	Yes
A picture of your family for your child?	No	Yes

Would you be willing to write a letter to your child describing why you are making an adoption plan for him/her? No Yes

Is there anything else we should know?



The information on this form is the most accurate information known to me at this time about my and my family's social history.

(Signature of Birth Parent)

(Date)

___ I give permission to forward ALL information contained on this form (including identifying information such as last names and addresses) to the prospective adoptive parents(s).

___ I give permission to forward ONLY non-identifying information contained on this form to the prospective adoptive parent(s) at this time. I understand that I can change my mind and decide to release identifying information at any time.

(Signature of Birth Parent)

I had help from _____ filling out this form. His/Her relationship to me is _____.