

HEART AND SOUL ADOPTIONS

YOUR FULL-SERVICE LICENSED CHILD PLACEMENT AGENCY



Birth Parent Application

Today's Date: _____ Child's due date: _____

Child's Sex: Male Female Unknown

Child's Race: _____

BIRTHMOTHER INFORMATION

Full Name: _____ Maiden Name _____

Address _____

City _____ State _____ ZIP _____

Email address: _____

Telephone: _____ (Home) _____ (Cell) May we leave a message for you? Yes No

Is this adoption and/or pregnancy confidential? Yes No

Date of Birth _____ Age _____ Place of Birth _____

Height _____ Weight _____ Hair _____ Eyes _____

Complexion _____ Body build _____

Native American? Yes No If Yes, what tribe? _____ Registered? Yes No

Social Security Number _____ - _____ - _____ Race/Ethnicity _____

Marital Status: Single Married Separated Divorced Widowed

If married or separated, name spouse: _____

Describe your personality _____

Any major health issues in your family?

PREGNANCY

Have you had prenatal care? Yes No

Do you have Medicaid? Yes No

Current Doctor: _____

Date of last visit _____

Office Phone: _____

Office Fax: _____

Describe your current health: _____

Is this your first pregnancy? Yes No If No how many? _____

Are you planning on delivering in Utah: Yes No

If not Utah where? _____

Sickle cell trait? Yes No

DRUG USE DURING PREGNANCY (CIRCLE)

Yes No Smoking? If Yes, how often? _____

Yes No Alcohol? If Yes, how often? _____

Yes No Prescriptions? If Yes, how often? _____

Yes No Street drugs? If Yes, how often? _____

COMMITMENT

What are the reasons you don't feel you are able to parent this child? _____

Who is aware and supportive of your decision to place your child for adoption? _____

On a scale of 1 to 5 five being the most, how committed are you to placing? 1 2 3 4 5

Have you ever placed a child for adoption? Yes No If Yes, when and where? _____

Are you currently working with another agency or adoptive family? Yes No If Yes, who? _____

BIRTHFATHER INFORMATION

Do you know who the father is? Unknown Undisclosed Known

Full Name: _____

Address _____

City _____ State _____ ZIP _____

Telephone: _____ Birthfathers age: _____

Birthfathers race: _____ Height: _____ Weight: _____ Sickle Cell Trait: Yes No

Describe your relationship with the birthfather: _____

Yes No Does he know you are pregnant?

Yes No Is he willing to give up his parental rights?

Yes No Is he in the military?

Yes No Is he Native American?

Yes No Are you married to Birthfather?

OTHER CHILDREN

(if not enough spaces for names please write on the back)

NameSexAgeBirth weightDelivery: _____

C-section or VaginalHealth problems _____

Currently living with you? _____

Yes or No

(if not with you who) _____

FAMILY FOR YOUR CHILD

Would you like to choose the family? Yes No

Would you like to talk to family? Yes No

What kind of post placement contact do you want after baby is born?_____

Pictures and Letters Phone Calls No Contact Other:

List any characteristics that are important to you in an adoptive family (race, religion, etc.): _____

Please list any questions or concerns you may have regarding the placement of your baby _____

I, _____, hereby certify to the best of my knowledge and honor that the information provided by me is true and correct. I understand that misrepresenting information of this kind is unlawful.

Birth Mother _____ Date _____

Heart and Soul Adoptions, Inc.

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