

Voluntary Background Information Form for a Surrendered Infant

Providing this information is not required, but is extremely helpful in caring for the infant you are surrendering. Any information provided is completely confidential.

Preference for child's name		Date of Birth	
Where was the child born?			Sex
Father's Name		Mother's Name	
Race	Tribal Affiliation (if applicable)	Race	Tribal Affiliation (if applicable)
Contact Phone Number		Contact Phone Number	

Family Medical History

	Yes	No		Yes	No
Sickle Cell Disease			Sickle Cell Disease		
Heart Disease			Heart Disease		
Diabetes			Diabetes		
Cancer			Cancer		
If Yes, type:			If Yes, type:		
HIV			HIV		
Hepatitis			Hepatitis		
Mental Illness			Mental Illness		
Drug or alcohol use			Drug or alcohol use		
			If Yes, use during pregnancy?		
Surgical History			Surgical History		

Date Surrendered	Time Surrendered
Surrender Location	Person Accepting Infant
Contact Phone	Contact email