

Infant's Information

Last _____ First _____ M. _____ Case Number _____

Indicate information source

Biological Mother/Father Grandmother/Father Adoptive or Foster Parents Physician Health Records

Other Specify: _____

1 Information about the infant's mother:

First name _____ Middle name _____ DOB ____ / ____ / ____

Last name _____ Maiden name _____ SS# ____ - ____ - ____

Current address:

Address _____ City _____ State ____ Zip _____

How long has the mother been a resident of this state? Years _____ Months _____

Has the mother ever lived in a state other than this one? No Yes ⇨ List all previous states: _____

2 Information about the infant's biological mother:

First name _____ Middle name _____ DOB ____ / ____ / ____

Last name _____ Maiden name _____ SS# ____ - ____ - ____

Current address:

Address _____ City _____ State ____ Zip _____

How long has the mother been a resident of this state? Years _____ Months _____

Previous address:

Street _____ City _____ State ____ Zip _____

Has the mother ever lived in a state other than this one? No Yes ⇨ List all previous states: _____

3 Information about the infant's father:

First name _____ Middle name _____ DOB ____ / ____ / ____

Last name _____ SS# ____ - ____ - ____

Current address:

Address _____ City _____ State ____ Zip _____

How long has the father been a resident of this state? Years _____ Months _____

Has the father ever lived in a state other than this one? No Yes ⇨ List all previous states: _____

4 Information about the infant's biological father:

First name _____ Middle name _____ DOB ____ / ____ / ____

Last name _____ SS# ____ - ____ - ____

Current address:

Address _____ City _____ State ____ Zip _____

How long has the father been a resident of this state? Years _____ Months _____

Has the father ever lived in a state other than this one? No Yes ⇨ List all previous states: _____

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5 Information about the infant's other primary caregivers: (ex. babysitter while parents are at work)

No other caregivers ⇒ STOP

First name _____ Middle name _____ DOB ____ / ____ / ____

Last name _____ Maiden name _____ SS# ____ - ____ - ____

Address _____ City _____ State ____ Zip _____

Relationship to infant: _____

How long has caregiver been a resident of this state? Years _____ Months _____

Has caregiver ever lived in a state other than this one? No Yes ⇒ List all previous states: _____

6 Information about the infant's other primary caregivers:

First name _____ Middle name _____ DOB ____ / ____ / ____

Last name _____ Maiden name _____ SS# ____ - ____ - ____

Address _____ City _____ State ____ Zip _____

Relationship to infant: _____

How long has caregiver been a resident of this state? Years _____ Months _____

Has caregiver ever lived in a state other than this one? No Yes ⇒ List all previous states: _____

7 Information about the infant's other primary caregivers:

First name _____ Middle name _____ DOB ____ / ____ / ____

Last name _____ Maiden name _____ SS# ____ - ____ - ____

Address _____ City _____ State ____ Zip _____

Relationship to infant: _____

How long has caregiver been a resident of this state? Years _____ Months _____

Has caregiver ever lived in a state other than this one? No Yes ⇒ List all previous states: _____

Section completed on ____ / ____ / ____ at ____: ____ by _____

How conducted: In person Telephone Other _____