

This form is required when a child born in Utah is adopted. Utah Code 81-13-503.

Date : _____

Please provide the requested information in the form below. The information you give us will be included in the DHHS adoption file and will be shared with the adoptive family. The information may also be requested by authorized individuals referenced in statute 81-13-503. The child-placing agency may also keep a copy of the report and provide it to a child adoptee who is 18 years old or older, a pre-existing parent, or an adoptive parent. If necessary, the data may be accessed by contractors who are a part of the DHHS technical team. All fields are required per statute 81-13-503. There are potential consequences for not providing this data per statute 26B-1-224. This data is part of the record series 28618.

Agency or individual making the placement

1. Individual, attorney, or agency: _____
- 1a. Name of person to contact for further information: _____
2. Mailing address: _____
3. Email address: _____ 4. Phone: _____
5. Adoption finalized in city/county: _____ 6. Date finalized: _____

Adoptee information

7. Name(s): _____
8. Date of birth: _____ 9. City and county of birth: _____
10. Birth mother's city and county of residence at time of child's birth: _____

If unable to obtain information

The agency responsible for the placement of this child was unable to obtain any additional non-identifying health, genetic, and social information relating to the child because: (check all that apply)

- The child's birth mother failed/refused to provide any information
- The child's birth father failed/refused to provide any information
- The identity of the child's mother is unknown
- The identity of the child's father is unknown
- Other. Please explain: _____
- You may turn in only page 1 if unable to obtain further information.

Signature of agency representative: _____

Birth mother information—facts at the time of the adoptee's birth

11. During the pregnancy were you diagnosed as: Anemic Diabetic Gestational diabetic
 Hypertension Toxemia/eclampsia
12. Did you have x-rays during this pregnancy? Yes No If yes, what procedure/type? _____
13. Weight gain during this pregnancy _____ lbs.
14. Delivery history: Weeks gestation _____ Length of labor _____ hours
APGARS (1/5) _____ Birth weight _____ lbs. _____ oz.
15. This birth: single, twin, triplet (specify): _____ 16. If not a single birth, born 1st, 2nd, 3rd? _____
17. Month pregnancy prenatal care began: _____ 18. Number of prenatal visits: _____
19. Describe any prenatal complications: _____
20. Previous live births now living: _____ 21. Previous live births now dead: _____
22. Other pregnancies—number of miscarriage or induced terminations: _____
23. Type of delivery anesthesia: none paracervical block epidural spinal block general local
24. Type of delivery: c-section normal vaginal forceps assisted vacuum assisted
 other (specify): _____
25. If c-section, give indication: breech presentation cephalopelvic disproportion fetal distress
 other (specify): _____

Birth father information—facts at the time of the adoptee's birth

26. Number of living children: _____ 27. Number of children not living: _____
28. Number miscarriages or induced terminations: _____

Birth parent and family social and health history information

Please make additional copies of these pages as needed for each family member you choose to include.

[] Birth mother [] Birth father

[] Mother of birth mother [] Father of birth mother [] Mother of birth father [] Father of birth father

1. Marital status: [] Married [] Single [] Married to second birth parent [] Separated [] Divorced [] Widowed		2a. Currently living, or age at death?	2b. Cause of death?
		3. Enrolled member of a Native American tribe, Alaskan Village or affiliated with a tribe? [] Yes [] No If yes, list tribe:	
4. Country or state of birth:	5. Race:	6. Ethnic heritage:	
7. Height:	8. Weight:	9. Eye color:	10. Hair color and texture:
11. Complexion: fair, olive, dark etc.	12. Unique physical features:		
13. [] Right-handed [] Left-handed	14. Physical build: big/small boned, muscular etc.:		
15. Talents, hobbies and other interests:			
16. Describe personality:			
17. Was anyone in your family adopted? [] yes [] no If yes, what relation?		18. Your order of birth: Ex: 1st of 4 or 2nd of triplets, 3rd of 5	

19. Other information:

Please make additional copies of these pages as needed for each family member you choose to include.

[] Birth mother [] Birth father

[] Mother of birth mother [] Father of birth mother [] Mother of birth father [] Father of birth father

1. Marital status: [] Married [] Single [] Married to second birth parent [] Separated [] Divorced [] Widowed		2a. Currently living, or age at death?	2b. Cause of death?
		3. Enrolled member of a Native American tribe, Alaskan Village or affiliated with a tribe? [] Yes [] No If yes, list tribe:	
4. Country or state of birth:	5. Race:	6. Ethnic heritage:	
7. Height:	8. Weight:	9. Eye Color:	10. Hair color and texture:
11. Complexion: fair, olive, dark etc.	12. Unique physical features:		
13. [] Right-handed [] Left-handed	14. Physical build: big/small boned, muscular etc.:		
15. Talents, hobbies and other interests:			
16. Describe personality:			
17. Was anyone in this immediate family adopted? [] yes [] no If yes, what relation?		18. Your order of birth and number of siblings: Ex: 1st of 4 or 2nd of triplets, 3rd of 5	

19. Other information:

Birth parent and family social and health history information

Please make additional copies of these pages as needed for each family member you choose to include.

Sibling of birth mother Sibling of birth father Child of birth mother Child of birth father

1. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/non-binary		2a. Currently living, or age at death?	2b. Cause of death?
3. Height:	4. Weight:	5. Eye color:	6. Hair color and texture:
7. Complexion: fair, olive, dark etc.		8. Unique physical features:	
9. <input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed		10. Physical build: big/small boned, muscular etc.:	

11. Talents, hobbies and other interests:

12. Describe personality:

13. Other Information:

Please make additional copies of these pages as needed for each family member you choose to include.

Sibling of birth mother Sibling of birth father Child of birth mother Child of birth father

1. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Unknown		2a. Currently living, or age at death?	2b. Cause of Death?
3. Height:	4. Weight:	5. Eye Color:	6. Hair Color and texture:
7. Complexion: fair, olive, dark etc.		8. Unique physical features:	
9. <input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed		10. Physical Build: big/small boned, muscular etc.:	

11. Talents, hobbies and other interests:

12. Describe personality:

13. Other Information:

Please make additional copies of these pages as needed for each family member you choose to include.

Sibling of birth mother Sibling of birth father Child of birth mother Child of birth father

1. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/Unknown		2a. Currently living, or age at death?	2b. Cause of Death?
3. Height:	4. Weight:	5. Eye color:	6. Hair color and texture:
7. Complexion: fair, olive, dark etc.		8. Unique physical features:	
9. <input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed		10. Physical build: big/small boned, muscular etc.:	

11. Talents, hobbies and other interests:

12. Describe personality:

13. Other information:

Birth parent family medical history				[] Birth mother [] Birth father
Condition	none	you	your blood relatives	Comments
			(Specify Relationship)	
Baldness				
Birth defects				
Club foot				
Cleft palate (harelip)				
Congenital heart disease				
Cancer (specify type) age at onset / part of body affected				
Asthma				
Eczema				
Other (specify)				
Allergies:				
Animals				
Food				
Hay fever/plants				
Medications				
Hives				
Other allergies				
Other (specify)				
Other (specify)				
Visual:				
Astigmatism				
Blindness				
Color blindness				
Glaucoma				
Nearsighted/farsighted				
Other (specify)				
Mental health condition: age at onset/treatment/hospitalization				
Bipolar (manic-depressive)				
Schizophrenia				
Severe depression				
Suicide				
Obsessive-compulsive disorder				
Personality disorder				
Alcoholism/drug addiction				
Other (specify)				
Other (specify)				
Hereditary disease:				
Cystic fibrosis				
Galactosemia				
Hemophilia				
Huntington's disease				
Other (specify)				

Birth parent family medical history				<input type="checkbox"/> Birth mother	<input type="checkbox"/> Birth father
Condition	None	you	your blood relatives	Comments	
			(Specify relationship)		
Cardiovascular disease: Age at onset? Outcome?					
Heart attack					
Heart murmur					
High blood pressure					
Diabetes (specify type)					
Rheumatic fever				Did a heart murmur result?	
Other (specify)					
Other (specify)					
Sexually transmitted disease: age at onset/treatment/hospitalization					
Syphilis					
HIV/AIDS					
Pelvic inflammatory disease					
Other, especially if birth mother infected at time of birth (specify)					
Other disease:					
Hepatitis (A, B or C?)					
Hypo- or hyperthyroidism					
Other (specify)					
Neurological disorder: severity/treatment/age at onset/frequency of events					
Cerebral palsy					
Muscular dystrophy					
Multiple sclerosis					
Epilepsy/convulsions (specify)					
Stroke					
Other (specify)					
Developmental disorder: type of education/treatment?					
Learning disability/attention deficit (specify type)					
Mental disorder (specify type)					
Down syndrome					
Speech or hearing problems					
Low birth weight					
Other (specify)					
Other: Any other condition that may affect the adoptee					

