

**NON-IDENTIFYING HEALTH, GENETIC & SOCIAL
INFORMATION FOR UTAH ADOPTION REGISTRY**

Adoptee's date of birth: _____
(Month/Day/Year)

Adoptee's place of birth: _____
(City, County, State, Country)

Birth mother's residence at time of child's birth: _____
(City, County, State, Country)

Date of adoption finalization: _____
(Month/Day/Year)

Place of adoption finalization: _____
(City, County, State, Country)

Name/address of agency responsible for placement: _____

Agency representative to contact for more information: _____

The agency responsible for the placement of this child was unable to obtain any additional non-identifying health, genetic & 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 birth father is unknown.
- Other

(explain): _____

Signature of Agency Representative

UDOH ovr0107b 07262011