

NON-IDENTIFYING BACKGROUND INFORMATION

To Biological Parent: Please complete the blanks below as thoroughly as you can. This information will be given to the adoptive parents to be shared with your child at an appropriate time and/or may be released pursuant to North Carolina General Statutes §48-9-103, 48-9-104 and 48-9-109. This, along with the medical information, will be of utmost value to your child in learning about his/her genetic roots.

CHILD'S BIRTH HISTORY

Date of Birth: _____ Weight: _____ Length: _____

Time of Birth: _____ Day of Birth: _____

Race: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

Ethnicity: Hispanic or Latino Not Hispanic or Latino

General Physical Appearance: _____

CHARACTERISTICS OF BIRTH/PRIOR ADOPTIVE PARENT

INDICATE: MOTHER FATHER

Biological Parent? _____ (yes or no) Prior Adoptive Parent? _____ (yes or no)

1. Age (in years): _____

2. Race: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

3. Ethnicity: Hispanic or Latino Not Hispanic or Latino

4. Height? _____ Average weight? _____ Eye Color? _____

5. Complexion: Fair Medium Olive Dark

Have you ever had a complexion problem? Yes No If so, what? _____

6. Build: Small-Boned Medium-Boned Large-Boned

7. Are you: Right-handed Left-Handed Ambidextrous

8. What is the natural color of your hair? _____

Is your hair: Naturally Curly Straight Wavy Thick Thin

Do you like to wear it long or short? _____

9. Do you wear eye correction? Yes (Glasses Contacts) No

If you wear eye correction, at what age did you start wearing it? _____

Reason for eye correction? Near-Sighted Far-Sighted Other: _____

10. Did you ever wear orthodontic braces? Yes No

If so, why did you need them? _____

11. Are you allergic to anything? Yes No If yes, what are you allergic to and what is your

reaction? _____

12. What are your hobbies and interests? _____
13. What are your favorite foods and drinks: _____
14. What is your favorite color? _____ Your favorite season? _____
Your favorite holiday? _____
15. Education (highest grade completed): _____ Scholastic Performance: _____
Favorite subjects in school? _____
Any extracurricular activities? _____
16. Special Talents: _____
17. Religious Preference: _____
18. Usual Occupation: _____
19. Military Service: Yes No If yes, what branch? _____
20. Marital Status: _____
21. Age and sex of other children: _____
22. Were you or anyone in your family adopted? Yes No If yes, who? _____
23. Why are you placing child for adoption? _____

24. Are you interested in future contact with the child? Yes No
25. If you are deceased when the child reaches age 18, would you have any objection to the child contacting birth family? Yes No If so, what are your concerns? _____
26. What was your relationship with the child's other biological parent? Friends Dating Steadily
 Engaged Married None Other: _____
27. Other reasonably available information such as scars/birth marks/tattoos, etc.?

PERSONALITY DESCRIPTION: Please check all that apply.

- | | | | | |
|---------------------------------------|--|-------------------------------------|---|--|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Friendly | <input type="checkbox"/> Nervous | <input type="checkbox"/> Self-Confident | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Happy | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Serious | <input type="checkbox"/> Temperamental |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Irresponsible | <input type="checkbox"/> Rebellious | <input type="checkbox"/> Shy | <input type="checkbox"/> Unhappy |
| <input type="checkbox"/> Easygoing | <input type="checkbox"/> Independent | <input type="checkbox"/> Worrisome | | |
| <input type="checkbox"/> Other: _____ | | | | |

CHARACTERISTICS OF EXTENDED FAMILY MEMBERS

	CHILD'S GRANDPARENT 1	CHILD'S GRANDPARENT 2
Age: If Deceased, State Age and Cause of Death		
Sex (male, female)		
Race- White; Black or African American; American Indian or Alaskan Native; Asian; or Native Hawaiian or other Pacific Islander		
Ethnicity- Hispanic/Latino or Non Hispanic/Latino		
Height/Weight		
Hair/Eye Color		
Build/Complexion		
Right/Left Handed		
Hobbies/Talents/Interests		
Education		
Occupation		
Military Service		
Religious Preference		

CHILD'S AUNTS AND UNCLES

	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>	Brother <input type="checkbox"/>	Sister <input type="checkbox"/>
Age: If Deceased, State Age and Cause of Death						
Race- White; Black or African American; American Indian or Alaskan Native; Asian; or Native Hawaiian or other Pacific Islander						
Ethnicity- Hispanic/Latino or Non Hispanic/Latino						
Height/Weight						
Hair/Eye Color						
Build/Complexion						
Right/Left Handed						
Hobbies/Talents/Interests						
Education						
Occupation						
Military Service						
Religious Preference						

Special Comments to Child:

INSTRUCTIONS: This form should be completed to collect birth parent and prior adoptive parent information. Both forms should clearly indicate whether the information is related to a birth parent or a prior adoptive parent. One copy of this form is to be given to the adoptive parents prior to placement of a minor child for adoption; one copy is to be filed with the Petition for Adoption to be forwarded by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services; and one copy is to be retained in the agency's file. **In agency adoptions, the certification page shall not be provided to the adoptive parent(s) if it contains the name of a birth parent or birth parent's relative.**

CERTIFICATION

This document should be certified by the person who prepared it. (In agency adoptions, this certification page shall not be provided to the adoptive parent(s) if it contains the name of a birth parent or birth parent's relative.)

I hereby certify that I prepared this Non-Identifying Background Information.

Signature of (Parent) (Relative) (Agency Representative)

Date:

STATE OF NORTH CAROLINA

_____ **COUNTY**

Sworn to and subscribed before me this _____ day of _____, _____.

(S E A L)

Signature of Notary Public

My Commission Expires: _____