

Department of Children and Families  
**GENETIC PARENT(S) INFORMATION**

DCF-Probate-337  
 9/12 (Rev.)



*All information given is current at the time of child's birth*

BIO-MOTHER			BIO-FATHER		
DOB or Age:	Race:		DOB of Age:	Race:	
Nationality (Citizenship):			Nationality (Citizenship):		
Ethnic Background:			Ethnic Background:		
Number of Years of School completed:			Number of Years of School completed:		
GENERAL PHYSICAL APPEARANCE OF BIO-PARENTS					
Height:	Weight:	Build:	Height:	Weight:	Build:
Eyes:	Hair:	Skin:	Eyes:	Hair:	Skin:
Description of Appearance:			Description of Appearance:		
Talents, Hobbies, Special Interests:			Talents, Hobbies, Special Interests:		

INFORMATION CONCERNING OTHER BIO-CHILDREN							
Name	Adopted	Gender	Age	Name	Adopted	Gender	Age
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		

ADDITIONAL INFORMATION ABOUT BIO-PARENTS	
Religion:	Religion:
Occupation:	Occupation:
Future Aspirations (Including Educational):	Future Aspirations (Including Educational):
Relationship Between Parents (Attach additional Sheets, if necessary):	
Submitted by:	Signature:
	Date:

Manner in which plans for the child's future were made by the parents. Reasons for child being placed for adoption and parental rights being terminated.

Additional comments such as pertinent social information, personality description, information about other family members, placements of child prior to adoption, etc.

<i>I hereby acknowledge receipt of a copy of this form.</i>	Signature of Adoptive Parent 1:	Date:	
	Signature of Adoptive Parent 2:	Date:	
Name of Agency:			
Address: (No. and Street):	City:	State:	Zip:
Agency Representative Name:	Agency Representative Signature:	Date:	

Additional information obtained after submission of this form to the court may be included in a supplemental report.