



Department for Children and Families
Family Services Division
Vermont Adoption Registry
280 State Drive
Waterbury, VT 05671-1030
www.dcf.vt.gov/fsd

[phone] 802-241-0906 Agency of Human Services

Requested by:

Date completed:

NON-IDENTIFYING INFORMATION for ADOPTEES

I. Adoptee:

1. First name at birth:
2. Date of birth:
3. Hospital / place where born:
4. Time:
5. Description of delivery:
6. General physical description: You weighed _____ at birth. You were _____ inches long.
Your head circumference was _____.
7. Religion/Baptism:
8. History of life / placements prior to placement with adoptive family:
9. Sibling information (if either birth parent has other biological children include their year of birth):
10. Other:

II. Birth Mother:

1. Age at delivery:
2. General physical description: She was described as _____ tall and weighed approximately _____. She had _____ eyes and _____ hair.
3. Heritage / nationality & ethnic background: She was of _____ descent.

4. Education at time of delivery:
5. Occupation or career goals:
6. Health history:
7. Marital status:
8. Religion:
9. Talents, hobbies, special interests:
10. Reason for adoption plan:
11. Birth mother's siblings' ages:

III. Birth Mother's Family:

1. Your maternal birth grandparents' ages at the time of your birth: Your maternal birth grandmother was . Your maternal birth grandfather was .
2. General physical descriptions: Your maternal birth grandmother was tall and weighed . She had hair. Your maternal birth grandfather was tall and weighed . He had hair and eyes.
3. Heritage / nationality & ethnic background: Your maternal birth grandmother was . Your maternal birth grandfather was .
4. Education:
5. Occupation: Your maternal birth grandmother was . Your maternal birth grandfather was .
6. Marital status: Your maternal birth grandparents were .
7. Religion:
8. Talents, hobbies, special interests:
9. Knowledge of the pregnancy/feelings regarding adoption:

IV. Birth Father:

1. Age at delivery:
2. General physical description: He was tall and weighed approximately . He had hair and eyes.
3. Heritage / nationality & ethnic background: He was of descent.
4. Education at time of delivery:
5. Occupation or career goals:
6. Marital status:
7. Religion:
8. Talents, hobbies, special interests:
9. Reason for adoption plan:
10. Birth father's siblings' ages:

V. Birth Father's Family:

1. Your paternal birth grandparents' ages at the time of your birth: Your paternal birth grandmother was . Your paternal birth grandfather was .
2. General physical descriptions: Your paternal birth grandmother was tall and weighed . She had hair and eyes. Your paternal birth grandfather was tall and weighed . He had hair and eyes.
3. Heritage / nationality & ethnic background: Your paternal birth grandmother was . Your paternal birth grandfather was .
4. Education:
5. Occupation: Your paternal birth grandmother was . Your paternal birth grandfather was .
6. Marital status:
7. Religion:

8. Talents, hobbies, special interests:
9. Knowledge of the pregnancy/feelings regarding adoption:

VI. Biological Medical History:

1. Medical:
2. Mental Health:
3. Substance Use: