



Family Name: _____

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PARENTAL HISTORY

GENERAL INFORMATION

Full Name: _____

Premarital Name (if applicable): _____

Date of Birth: ____/____/____ Age: _____

Place of Birth (City, State, Country): _____

What is your ancestral background? _____

Hair color: _____ Eye color: _____

PARENTS (if deceased, please indicate date of death as well as cause)

Your Father Full Name: _____

Age: _____ Health Status: _____ Current Location: _____

Highest Education: _____ Occupation: _____

Describe your relationship

with your father:

Describe a specific memory

with your father:

Your Mother Full Name: _____

Age: _____ Health Status: _____ Current Location: _____

Highest Education: _____ Occupation: _____

Describe your relationship

with your mother:

Describe a specific memory

with your mother:

Describe your parent's relationship (if divorced, give date and the impact it had on you):

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If applicable, describe any step-parents (*please use an extra page for additional step-parents*):

Step-parent Full Name: _____

Age: _____ Health Status: _____ Current Location: _____

Highest Education: _____ Occupation: _____

Describe your relationship

with step-parent: _____

Step-parent Full Name: _____

Age: _____ Health Status: _____ Current Location: _____

Highest Education: _____ Occupation: _____

Describe your relationship

with step-parent: _____

SIBLINGS: List siblings in order of age. Indicate "relationship" based on biological, adopted, or half-siblings. If applicable, include deceased and indicate cause of death. Use a separate sheet if needed.

	#1 Sibling	#2 Sibling	#3 Sibling	#4 Sibling	#5 Sibling
Name					
Relationship					
Age					
Residence (city, state)					
Health					
Highest Education					
Occupation					
Marital Status					
Spouse's Name					
Number of Children					

FAMILY DYNAMICS

How often do you get together with siblings and spend time as an entire family? How do you communicate with siblings and family members?



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Describe the type of spirituality your family practiced growing up:

Describe how your family celebrated holidays and special occasions (include who was involved):

Describe where you lived growing up (include moves that you remember):

Describe any significant memories that you have prior to starting school:

THE ELEMENTARY YEARS

Describe your school experience, including how well you felt about school, your general grades, relationships with teachers and peers, and any extracurricular activities you participated in:

Describe any significant changes in your family during this time:

Describe your relationships with your parents and siblings during elementary school:

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THE TEEN YEARS

Describe your involvement in school, including the classes you excelled in and your grades:

Describe any extracurricular activities or part time work you were involved with:

Describe your relationship with your parents and siblings during your teen years:

Describe any significant events, or significant relationships, that occurred during your teen years:

Give the date, name, and location of the high school you graduated from:

List any awards, scholarships, or special recognition received in high school:

ADVANCED EDUCATION AND EMPLOYMENT HISTORY

List any college/university experience (*name, location, dates attended, and degree earned, if any*):

List Educational Programs, Trainings, & Certifications (*name of program, location & dates of attendance*):



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List any military service (if applicable: branch of service, dates of enlistment and discharge, rank at discharge, and type of discharge): _____

If you are currently seeking any additional training or education, what are you working towards and when will you complete it? _____

Current Employer: (include position held and date of hire)

Past Employers: (include positions, dates, and why you left – list at least the last 5 year work history)

List all states/countries you have resided in since the age of 18:

MARITAL HISTORY

What is your marital status at this time? _____

PREVIOUS MARRIAGES (if applicable)

Please identify any and all previous marriage(s), indicating who married to, the dates of the marriage, where it took place, date of divorce, and an explanation for why it ended:

Name	Date of marriage	Date of Divorce	Reason for Disillusionment

Children from previous relationships (if applicable)

provide specific child information on "Family Relationships" form

Child's Name	Current Residence/Custody Arrangement	Name of other parent of this child

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CURRENT MARRIAGE *(if applicable)*

Describe your spouse: *(Include their strengths and an area you wish they would try and improve)*

PERSONAL

What is an area of your life that you would like to improve?

What are your strengths?

What are your hobbies?

What is a goal you have set for yourself?

MEDICAL INFORMATION

Are you under medical care at this time? Yes No

Have you taken any mental health medications in the past? Yes No

Are you currently taking mental health medications? Yes No

If yes to either of the previous questions, which medication(s):

If yes to questions pertaining to medications for mental health, who is prescribing your medications?



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ADDITIONAL INFORMATION

What organizations or groups are you a member of, and how active are you in them?

Have you ever been arrested or convicted of a crime? Yes No *(if yes, please attach a letter describing the incident including the date, year, charges, and what you have learned since that time)*

What are your thoughts on spiritual matters, and how do these affect your daily life?

What led you to the decision to adopt?

Please include any additional information about yourself or your family that you wish to share with Families Through Adoption:

Signature: _____ **Date:** _____