

**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: \_\_\_\_\_  
Nationality: \_\_\_\_\_ General Physical Appearance: \_\_\_\_\_

**CHARACTERISTICS OF BIRTH/PRIOR ADOPTIVE PARENT**

- INDICATE:  MOTHER  FATHER
- Biological Parent? \_\_\_\_\_ (yes or no) Prior Adoptive Parent? \_\_\_\_\_ (yes or no)
- Age (in years): \_\_\_\_\_ Race: \_\_\_\_\_ Nationality: \_\_\_\_\_
  - Ethnic Background: \_\_\_\_\_
  - Height? \_\_\_\_\_ Average weight? \_\_\_\_\_ Eye Color? \_\_\_\_\_
  - Complexion:  Fair  Medium  Olive  Dark  
Have you ever had a complexion problem?  Yes  No If so, what? \_\_\_\_\_
  - Build:  Small-Boned  Medium-Boned  Large-Boned
  - Are you:  Right-handed  Left-Handed  Ambidextrous
  - 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? \_\_\_\_\_
  - 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: \_\_\_\_\_
  - Did you ever wear orthodontic braces?  Yes  No  
If so, why did you need them? \_\_\_\_\_
  - Are you allergic to anything?  Yes  No If yes, what are you allergic to and what is your reaction? \_\_\_\_\_

11. What are your hobbies and interests? \_\_\_\_\_  
\_\_\_\_\_
12. What are your favorite foods and drinks? \_\_\_\_\_
13. What is your favorite color? \_\_\_\_\_ Your favorite season? \_\_\_\_\_  
Your favorite holiday? \_\_\_\_\_
14. Education (highest grade completed): \_\_\_\_\_ Scholastic Performance: \_\_\_\_\_  
Favorite subjects in school? \_\_\_\_\_  
Any extracurricular activities? \_\_\_\_\_
15. Special Talents: \_\_\_\_\_
16. Religious Preference: \_\_\_\_\_
17. Usual Occupation: \_\_\_\_\_
18. Military Service:  Yes  No If yes, what branch? \_\_\_\_\_
19. Marital Status: \_\_\_\_\_
20. Age and sex of other children: \_\_\_\_\_
21. Were you or anyone in your family adopted?  Yes  No If yes, who? \_\_\_\_\_
22. Why are you placing child for adoption? \_\_\_\_\_  
\_\_\_\_\_
23. Are you interested in future contact with the child?  Yes  No
24. 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? \_\_\_\_\_  
\_\_\_\_\_
25. What was your relationship with the child's other biological parent?  Friends  Dating Steadily  
 Engaged  Married  None  Other: \_\_\_\_\_
26. 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  |   |  |

Other: \_\_\_\_\_

**CHARACTERISTICS OF EXTENDED FAMILY MEMBERS**

	<b>CHILD'S GRANDPARENT 1</b>	<b>CHILD'S GRANDPARENT 2</b>
Age: (If Deceased, State Age and Cause of Death)		
Sex (male, female)		
Race (Black, White, etc.)		
Ethnicity (Hispanic, etc.)		
Nationality (American, etc.)		
Height/Weight		
Hair/Eye Color		
Build/Complexion		
Right/Left Handed		
Hobbies/Talents/Interests		
Education		
Occupation		
Military Service		
Religious Preference		

<b>CHILD'S AUNTS AND UNCLES</b>						
	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 (Black, White, etc.)						
Ethnicity (Hispanic, etc.)						
Nationality (American, etc.)						
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: \_\_\_\_\_