

Child Assessment for Adoption Placement

The personal information requested on this form is collected under the authority of the NWT Adoption Act. This information is protected by the confidentiality provisions of the NWT Adoption Act. If you have any questions about the collection or use of the information, please contact the Adoptions Registrar, Department of Health and Social Services.

SECTION I – Identifying Information

(This information is for the Adoptions Registry and is not for release)

Name:	Date of Birth:	Gender
Date of Permanent Custody Order:	Ancestry/Ethnicity:	
Child Protection Worker's Name:	Date this form was completed:	

Birth Family Information:

Birth Mother:

Name:	Last Known Address:
Maiden Name (if applicable):	
Date of Birth:	

Birth Father:

Name:	Last Known Address:
Date of Birth:	

Siblings:

Name:	Legal Status:	Date of Birth:	Name Person Living With/ Relationship (Identify Foster Home):

Placement History

Date of Placement:	Date of Removal	Type of Placement:	Name:	Address:	Reason for Removal

(Place in order of present to past.)

SECTION II – Non-Identifying Information

Child's First Name:	Date of Birth:
Ancestry/Ethnicity:	Gender:
Place of Birth:	

Note: This material will be shared with prospective adoptive parents. Do not include identifying information about the parents (use only the child's first name and family association in relationship to the child) in this section.

Events Leading to Permanent Custody**Birth Parent's History**

- Mother
- Father

Child's History**Placement History****Best Interest Criteria**

1. Physical, mental and emotional needs
2. The importance of the child's development and security as a member of a family
3. Placement With family or extended family
4. Maintaining the child's cultural, linguistic and spiritual ties

5. Child's views and preferences regarding adoption characteristics of potential adoptive family
6. Parent's views and preferences
**If birth parents' access exists in the Permanent Order, assess whether this should change.*
7. Progress toward adoption
8. Recommendations regarding adoptive placement
9. Attachments as required by section 41 (1) of the *NWT Adoption Act Regulations*:
 - Certified copy of Permanent Custody Order
 - Certified copies of Registration of Live Birth (2)
 - Child's Birth Family Medical and Social history
 - Medical information, assessments or psychological reports
 - Photographs
 - Notice to an Aboriginal organization on intention to place a child for adoption (if applicable)
 - Documents pertaining to the child's Aboriginal status (if applicable)
 - Rationale for Subsidy Based on Child's Special Needs
 - Copy of Health Care Card
 - Genogram

Both the Child Protection Worker and Supervisor must sign the Child Assessment for Adoption Placement.

Signature of Child Protection Worker

Date

Signature of Supervisor

Date

Forward to:

**Adoption Practice Specialist/Registrar
Department of Health and Social Services
Government of the Northwest Territories
P.O. Box 1320 CST-6
Yellowknife NT, X1A 2L9**

Child's Birth Family Medical and Social History

The personal information requested on this form is collected and protected under the authority of the Adoption Act. If you have any questions about the collection or use of the information, please contact the Director of Adoptions, Department of Health and Social Services.

Part 1 – Background Identifying Information

The identifying information in PART 1 will not be given to the prospective adoptive parents. It will be retained by the Department of Health and Social Services. The Adoption Worker will remove this page before providing the document to the prospective adoptive parents.

Birth Mother		
Last Name	Given Names	Maiden Name (if different)
Date of Birth	Birth Place	
Present Address		
Permanent Address	Telephone	Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Mother's Parents	Last Name	Given Name
	Last Name	Given Name

Birth Father	
Last Name	Given Names
Date of Birth	Birth Place

Present Address			
Permanent Address		Telephone	Adopted?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Father's Parents	Last Name	Given Name	
	Last Name	Given Name	

Other Children born to Either Birth Parent				
Last Name	Given Name	Birth Date	Gender	With whom does the child live?

Have any of the above children been placed for adoption?

Yes No

If yes, which Child(ren)?

Part 2 – Birth Parent Social History

Completed by

<input type="checkbox"/> Birth Mother	<input type="checkbox"/> Child Protection Worker/Adoption Worker
<input type="checkbox"/> Birth Father	<input type="checkbox"/> Other _____

Information on:

<input type="checkbox"/> Birth Mother	<input type="checkbox"/> Birth Father
---------------------------------------	---------------------------------------

Birth Mother's Age at the time of child's birth	Birth Father's Age at the time of child's birth
---	---

If Aboriginal, Specify:

<input type="checkbox"/> First Nation	Band Name: _____
<input type="checkbox"/> Metis	Band Number: _____
<input type="checkbox"/> Inuit	Registered
<input type="checkbox"/> Inuvialuit	<input type="checkbox"/> Yes
<input type="checkbox"/> Gwitch'in	<input type="checkbox"/> No
<input type="checkbox"/> Uncertain	

Ancestral History

What is your ancestry? Include all that describes your heritage.

Languages spoken

Relationship Status Between Birth Parents:

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Common Law	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed

Physical Description

Height	Weight	Hair Colour
Eye Colour	Complexion	Left/Right Handed
Distinguishing Marks (birthmarks, tattoos, etc)		

Personality

<input type="checkbox"/> Shy	<input type="checkbox"/> Good-Natured	<input type="checkbox"/> Strong-Willed
<input type="checkbox"/> Outgoing	<input type="checkbox"/> Friendly	<input type="checkbox"/> Organized
<input type="checkbox"/> Considerate	<input type="checkbox"/> Quick-Tempered	<input type="checkbox"/> Creative
<input type="checkbox"/> Capable	<input type="checkbox"/> Even-Tempered	<input type="checkbox"/> Dreamer
<input type="checkbox"/> Hard-Working	<input type="checkbox"/> Easily Bored	<input type="checkbox"/> Fun-Loving
<input type="checkbox"/> Appreciated	<input type="checkbox"/> Discouraged	<input type="checkbox"/> Down-to-Earth
<input type="checkbox"/> Self-Assured	<input type="checkbox"/> Outspoken\	<input type="checkbox"/> Easily Influenced
<input type="checkbox"/> Loyal	<input type="checkbox"/> Honest	<input type="checkbox"/> Other

How would you describe yourself?

Give three qualities that others like about you?

What would you like to change about yourself?

Interests

What do you like to do for fun?

If you enjoy music, what types of music do you like? Do you play an instrument or sing?

If you like sports, what sports do you like and which sports do you play?

If you like art, what types of art (e.g.: painting, drawing, crafts) do you enjoy doing?

If you like reading, what types of books do you like?

If you like movies or TV, what types of shows or movies do you enjoy?

What activities do you feel you are good at? What do you do well? Does this run in your family?

Religious/Spiritual Values/Beliefs

How would you describe your religious/spiritual/practices, values or beliefs?

What have been the important events in your religious/spiritual life that you would want your child to know about?

Education

What was your last grade completed in school?	Year Completed
Are you Currently Attending school?	<input type="checkbox"/> Yes What Grade? _____ <input type="checkbox"/> No
College/University level _____	Area of Study _____

Where did you go to school?

What was your age when you left school?

What are your future educational plans?

Did you have any problem areas in school that required extra help?

What are/were the school subjects you did best?

What are/were your favourite school subjects?

What are/were the extracurricular school activities you enjoyed or participated in?

How would you describe your school experiences?

Please describe any other education or training you have.

Work

What is your current job?

What other jobs have you worked at?

What are your future job plans?

Family Background

(include the names of your family members in this part).

Please give information about your mother and father. If you are adopted, give the same information about your birth mother and birth father, if it is known to you in the chart following this one.

	Your Mother	Your Father
	<input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: (specify)	<input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: (specify)
Birth date or age		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality		

Interests		
Education		
Work		
Health		

Birth Family Information if known by Adopted child	Your Mother	Your Father
Birth date or age		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality		
Interests		
Education		
Work		
Health		

Please give information about your brothers and sisters. If you are adopted, please give the same information about your birth brothers and sisters if it is known to you, in the chart following this one.

	<p>1. Brother</p> <p><input type="checkbox"/> By Birth</p> <p><input type="checkbox"/> By Adoption</p> <p><input type="checkbox"/> Other: (specify)</p>		<p>1. Sister</p> <p><input type="checkbox"/> By Birth</p> <p><input type="checkbox"/> By Adoption</p> <p><input type="checkbox"/> Other (specify)</p>
Birth date or age			
Birth Place			
Ancestry			
Hair Colour			
Eye Colour			

Personality			
Interests			
Education			
Work			
Health			
	2. Brother <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: (specify)		2. Sister <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other (specify)
Birth date or age			
Birth Place			
Ancestry			
Hair Colour			
Eye Colour			
Personality			
Interests			
Education			
Work			
Health			
	3. Brother <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: (specify)		3. Sister <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other (specify)
Birth date or age			
Birth Place			
Ancestry			
Hair Colour			
Eye Colour			
Personality			

Interests		
Education		
Work		
Health		
	4. Brother <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other: (specify)	4. Sister <input type="checkbox"/> By Birth <input type="checkbox"/> By Adoption <input type="checkbox"/> Other (specify)
Birth date or age		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality		
Interests		
Education		
Work		
Health		

Birth Sibling Information if known by Adopted child <i>(please add more room as needed)</i>	Your Brother	Your Sister
Birth date or age		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality		
Interests		
Education		
Work		

Health		
--------	--	--

What have been important family experiences for you?

What are your family traditions and customs?

What languages do you or your family speak fluently?

Other Children

Do you have other children

<input type="checkbox"/> Yes Please complete the questions below for each child	<input type="checkbox"/> No
--	-----------------------------

	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son
Birthdate		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality/Behaviour		
Interests/Activities		
Education		
Work		
Health		

	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son
Birthdate		
Birth Place		

Ancestry		
Hair Colour		
Eye Colour		
Personality/Behaviour		
Interests/Activities		
Education		
Work		
Health		

	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son
Birthdate		
Birth Place		
Ancestry		
Hair Colour		
Eye Colour		
Personality/Behaviour		
Interests/Activities		
Education		
Work		
Health		

Explain your perception of the other birth parent

How would you describe the other birth parent's physical appearance?

How would you describe the other birth parent's personality?

How would you describe your relationship?

What are your future plans together?

How is the other birth parent participating in planning for your child?

Part 3 – Medical History

A medical history is extremely important to your child. The checklist below may seem very complicated. Some of the medical terms may be new to you, but if a condition exists in your family, it is very important that your child and the adoptive parents be aware of it. You may want to get help in gathering the information from your parents, other family members and your family doctor.

Do not hesitate to ask your adoption worker for help.

Please indicate by checking YES or NO in the “self” column if you ever had the medical condition listed. If you check YES, please give further information in the description column. If any birth relatives ever had the medical condition, please complete the last column indicating which relatives were affected. DO NOT name the relative, but only their relationship to you (your birth mother, birth father, sister, brother, grandmother, grandfather, aunt, uncle, or any of your other children). If you are unaware write unknown.

Medical History				
Medical History	Self		Description (type, age of onset, treatment)	Other Birth Relatives (your mother, father, sister, brother, grandmother, father, aunt, uncle, or any of your other children)
	Yes	No		
Allergies				
Asthma				
Bronchitis				
Emphysema				
Skin Problems				
Congenital Heart Defect				
Stroke				

Medical History				
Medical History	Self		Description (type, age of onset, treatment)	Other Birth Relatives (your mother, father, sister, brother, grandmother, father, aunt, uncle, or any of your other children)
	Yes	No		
Heart Attack				
High Blood Pressure				
Haemophilia or other bleeding tendency				
Inherited Sickle Cell Anaemia				
Eye Problems				
Blindness				
Hearing Impairment				
Speech problems or delay in learning to speak				
Learning Disability such as dyslexia				
Mental Disability				
Hyperactivity				
Fetal Alcohol Syndrome, Fetal Alcohol Effect				
Seizures, Epilepsy or Convulsions				
Diabetes				
Rheumatoid Arthritis				
Osteoarthritis				
Muscular Dystrophy				
Multiple Sclerosis				
Cerebral Palsy				
Thyroid Disorder				
Schizophrenia				
Depression				

Medical History				
Medical History	Self		Description (type, age of onset, treatment)	Other Birth Relatives (your mother, father, sister, brother, grandmother, father, aunt, uncle, or any of your other children)
	Yes	No		
Bi-polar (Manic Depressive) Disorder				
Other Mental Health Problems				
Alzheimer's Disease				
Hepatitis A, B, or C				
Tuberculosis				
Cancer				
Cystic Fibrosis				
Huntington's Disease				
Kidney Problems				
Liver Problems				
Genetic Conditions: What Kind?				
Other Medical Conditions: What Kind?				

If your mother, father, siblings, any of your grandparents or extended family are deceased, please indicate how old they were when they died and the cause of death.

Relative	Age	Cause of Death

Lifestyle		
1. Tobacco Use		
a. Did you smoke:	i. Within a year prior to the Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	ii. During this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, how many cigarettes per day and when during this pregnancy?		
2. Alcohol Use		
a. Did you use alcohol:	iii. Within a year prior to the Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	iv. During this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, how many drinks per day and when during this pregnancy?		
3. Drug Use		
a. Did you use drugs:	v. Within a year prior to the Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	vi. During this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If yes, what and how much during this pregnancy?		<input type="checkbox"/> Methamphetamine <input type="checkbox"/> Hash <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> Crack <input type="checkbox"/> Marijuana <input type="checkbox"/> Solvents <input type="checkbox"/> Other (specify)
4. Prescription Drug Use		
c. Did you use prescription drugs:	vii. Within a year prior to the Pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	viii. During this pregnancy	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If yes, what and how much during this pregnancy?		

Prenatal Information (to be completed by birth mother)

When did you begin seeing a doctor/nurse/midwife about your pregnancy?

How often did you see the doctor/nurse/midwife during your pregnancy?

Did you take prenatal classes? Yes
 No

Please describe any illness, accidents and/or treatment you had during pregnancy (e.g.: German measles, x-rays).

Please name any prescriptions drugs you took during your pregnancy.

Please comment on your eating, sleeping and physical fitness during pregnancy.

Completed by:	<input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Child Protection Worker/Adoption Worker <input type="checkbox"/> Other (specify)
---------------	--

Date: _____

A copy of this completed social history will be shared with the adoptive parent(s) of your child. As well a copy will be kept on the file with the Department of Health and Social Services to ensure that it will always be available for your child.

Part 4 – Adoption Planning

--

Part 5 – Child Protection Worker/Adoption Worker Comments

--

I have read the Child Protection Worker/Adoption Worker's comments and I understand this information will be shared with the prospective adoptive parent(s) for my child along with the non-identifying social and medical history which I have completed and may be shared with my child when they become 19 years of age. The Adoption Worker will remove Part I – Background Identifying Information before providing the document to the prospective adoptive parent(s).

Birth Parent Name (*please print*)

Date

Birth Parent Signature

Date

Birth Parent Name (*please print*)

Date

Birth Parent Signature

Date

Child Protection Worker/Adoption Worker

Date

Forward to:

Director of Child and Family Services
Department of Health and Social Services
Government of the Northwest Territories
P.O. Box 1320, CST-6
Yellowknife NT, X1A 2L9

Consent to Services for a Child/Youth

I/We, _____, of _____, NT, am/are
Parent(s) and/or Guardian(s) _____
parent(s) of _____, born on _____,
Child's Name _____ *City/Town/Hamlet* _____, *Day/Month/Year* _____
Health Care # _____.

I/We hereby authorize the Child Protection Worker or _____,
to **consent to:** _____ *Name of Other Person*

- Any form of medical treatment, immunization, surgical operation, dental treatment, anaesthetics or any other form of health care** which a physician, surgeon, dentist or other qualified health professional considers necessary or advisable for the above named child.
- Any diagnostic techniques** required including X-ray.
- Any school or daycare related activities** including field trips and extracurricular activities
- Any recreational activities** that the above named child would like to pursue.
- Any therapeutic interventions** or evaluations deemed necessary by a physician or the Child Protection Worker.

I/We understand that the Child Protection Worker will make every reasonable effort to advise me/us of treatment and diagnostic techniques provided to my/our child. Unless otherwise noted, I/we have not placed any limitations on the authority to give consent to the treatment, services and activities outlined above.

Exceptions to the Above Consent:

I specifically **DO NOT AUTHORIZE** the following types of treatment, procedures, services or activities and wish to be contacted personally for my consent

This Consent is in effect from _____ to _____

Dated this _____ day of _____, 20 _____

Signature of Parent

Signature of Witness

Signature of Parent

Signature of Witness

Notification of the Right to Access Legal Services

I, _____, a duly authorized Child Protection Worker for
(Name of Child Protection Worker)

the Northwest Territories, am formally notifying:

(Name of parent and/or guardian)

(Name of parent and/or guardian)

(Name of person having actual care of the child/youth)

(Child aged 12-15 years)

(Youth aged 16-18 years)

of their right to contact legal services and be represented by legal counsel throughout their involvement with child protection services and have provided them with information on where to contact legal services.

I, the Child Protection Worker, by signing below, attest that notification and facilitation to access to legal services has been given:

I, the parent/guardian, person having actual care of the child/youth, child, youth, young adult, by signing below indicate that the Child Protection Worker did notify me on the above date of my right to access legal services counsel regarding the child protection process.

Signatures:

Parent and/or Guardian	Date
Person having actual care of the child/youth	Date
Child aged 12-15 Years	Date
Youth aged 16-18 Years	Date
Interpreter Where Applicable	Date

To apply for legal aid, you must make an appointment with one of the legal aid offices in Yellowknife, NT, or with a [community court worker](#) for assistance with filling out an application.

PERMANENT CUSTODY FOR ADOPTION CHECKLIST	YES	NO	N/A or COMMENT
1. Explain written information regarding services available through Child and Family Services or other community agencies to the birth parent(s) if the child remains with the birth parent(s), e.g., counselling, parenting information, income support, housing options, Healthy Family Program, family violence programs and information, mental health and addiction programs, voluntary care for children 0-15 years.			
2. Explain the child will be placed for adoption and the need to collect data on medical and social history. Request the birth parent(s) to complete the Child's Birth Family Medical and Social History form and provide assistance if necessary.			
3. Request a copy of the child's Registration of Live Birth for the adoption record.			
4. Explain the Adoption Information for Birth Parents form and provide a copy to the birth parent(s).			
5. Explain the Post Adoption Services form and provide a copy to the birth parent(s).			
6. Inform each parent that they will be served with the Originating Notice and Affidavit in support of a Permanent Custody Order and obtain addresses where each parent can be served.			
7. Explain the meaning of the consent(s) the birth parent(s) and the right to revoke it, how long they have to revoke it (until the Permanent Custody Order is granted), and			

who to contact to revoke the consent(s).			
8. Ensure each birth parent understands the nature and consequences of the consent.			
9. Arrange for translators, where needed, to explain all information including legal documents to the birth parent(s).			
10. Advise each birth parent of their right to consult with a lawyer about the effect of the consent(s) and their rights.			
11. If there is only one birth parent (a single mother or a mother with a different partner from the birth father), ask her who the birth father is and verify if he is on the birth certificate. If the birth father is known, then explain that he will be contacted to be informed of his rights and that his consent would be required to proceed with the adoption.			
12. Request birth mother to sign a Statutory Declaration of Parentage form if the birth father is unknown to her.			
13. Discuss with the birth parent(s) whether or not they want to receive information about their child, have access or visiting rights, be notified of sickness or death, etc.			
14. Advise the birth parent(s) that when an Adoption Order is made, the judge may make a further order regarding access when granted in the Permanent Custody Order.			
15. Place the child in an approved foster home.			
16. Obtain the consent(s) from the birth parent(s) as soon as possible following the ten (10) days after the child has been surrendered (do			

not include the day the child is received). Try to obtain the consent(s) no later than 45 days after the ten (10) days have expired.			
17. Inform the child over 12 years of age that he or she must sign the consent for voluntary surrender.			
18. Inform the birth parent(s) and child over 12 years of age of their rights to revoke their consent up to the time the Permanent Custody Order is made by the Judge. Do not proceed to court if you have a verbal request to revoke. Request an adjournment in court so you can speak with the birth parent(s).			
19. Assist the birth parent(s) to prepare the Revocation of Consent form.			
20. Request the court to dispense with the consent of the birth parent(s) if you believe it is in the child's best interest to be placed in Permanent Custody and/or a birth parent cannot or will not sign the consent.			
21. Proceed to court once the consent(s) is signed. Complete the Originating Notice for Permanent Custody and the Affidavit in support of the application.			
22. Inform the birth parent(s) that the Permanent Custody Order may be appealed within 30 days of the Order being granted.			
23. Serve certified copies of the Permanent Custody Order to the Director and the birth parent(s) and child over 12 years of age.			
24. Return the child to the birth parent(s) who had physical care of the child before surrender when the consent (s) is revoked.			

REGISTRATION OF
 LIVE BIRTH

REGISTRATION NO.

PLEASE TYPE OR PRINT CLEARLY AND COMPLETE ALL AREAS USING BLACK INK

Given Names (in full)

NAME OF CHILD

1. Surname of Child

2.

 Male Female

Gender

 DATE OF BIRTH
 3. M D Y

4. Kind of birth

 Single Twin Triplet

5. If twin, triplet, state whether this child was

 1st 2nd 3rd

PLACE OF BIRTH

6. Name of Hospital (if not in hospital, give exact location)

City/Town/Village

USUAL RESIDENCE
OF MOTHER

7. Complete Street Address

Province

County

Postal Code

MAILING ADDRESS
OF MOTHER

8. Mailing Address (if different from usual residence of mother)

OTHER
PARTICULARS

9. Duration of Pregnancy (weeks)

10. Number liveborn including this birth

Number Stillborn

()

)

11. Weight of child at birth

)

)

g OR ____ lbs ____ oz

PARENTS

12. Are parents legally married to each other? (If yes, give date and place)

 Never Married

)

)

 Widowed

)

)

 Separated

)

)

 Legally Married

)

)

 Divorced

NAMES

14. Maiden Surname of Child's Mother

Given Names of Mother

MOTHER

NAMES

19. Surname of Child's Father

Given Names of Father

FATHER

ETHNIC ORIGIN
(OPTIONAL)15. Treaty Indian Metis Inuit Other (Specify)PLACE AND DATE
OF BIRTH

16. City, Town, Province or Country

City, Town, Village

Date:

17. M D Y

18. Age

Age

)

19. M D Y

20. City, Town, Province or Country

City, Town, Village

Date:

21. Physician

Nurse

Other (Specify)

ATTENDANT

24. Name of Attending Physician

Address

25. CERTIFICATION
OF PARENT

Signature

26. Date Signed (M - D - Y)

PARENT'S NOT
MARRIED TO
EACH OTHER27. Acknowledgement of paternity and joint request for last name
I acknowledge that I am the natural father of this child as indicated
by surname of child's father and we request the child be registered
in the last name as indicated by surname of child.

Signature of Natural Father

Signature of Mother

OFFICE USE ONLY

NOTATIONS:

CERTIFICATION OF DISTRICT REGISTRAR	28. Date (M - D - Y)	City, Town, Village
		Signature