

BIRTH FATHER

Race/Nationality				
Color of Hair	Height of Father	Weight of Father	Complexion	Build
Type of Features	Color of Eyes	Was Medication or Drugs Taken? (If "Yes", explain or list drugs.) ☐ Yes ☐ No		
Talents/ Special Interests				

FAMILY HISTORY (PATERNAL)

	Birth Father	Child's Grandmother	Child's Grandfather	Father's Sibling #1	Father's Sibling #2	Father's Sibling #3	*Father's Sibling #4
Date of Birth							
Religion							
Education							
Occupation							
Living or Deceased							
If Deceased, List Cause							

PHYSICAL CONDITION

(Check if applicable. If applicable, attach additional sheet to explain.)

	Birth Father	Child's Grandmother	Child's Grandfather	Father's Sibling #1	Father's Sibling #2	Father's Sibling #3	*Father's Sibling #4
Heart Disease							
Cancer							
Diabetes							
Hypertension							
Orthopedic							
Vision							
Hearing							
Allergic Reactions							
Asthma							
Anemia, Sickle Cell, Hemophilia							
Muscular Dystrophy							
Multiple Sclerosis							
Cystic Fibrosis							
Other:							
Mental/Emotional Problems							
Mental Retardation							

OTHER CHILDREN OF BIRTH PARENTS

Age and Sex	Relationship (full or half sibling)	Full Term or Premature	Age Began To Talk	Age Began To Walk