

**DEPARTMENT OF CHILDREN AND FAMILIES**Division of Safety and Permanence  
DCF-F (CFS-134) (R. 11/2008)**STATE OF WISCONSIN**Adoption Records Search Program  
P.O. Box 8916  
Madison, WI 53708-8916  
(608) 266-7163**COURT REPORT FOR CENTRALIZED BIRTH RECORD**

**Use of form:** This form may be used to meet the requirements of s. 48.427(6)(b), Wisconsin Statutes. The law does not require submission of items marked "**Optional.**" Personally identifiable information on this form is collected to accumulate family background information necessary to fulfill the Department of Children and Families Centralized Birth Record requirements for maintaining the records for children under guardianship, and the provision of services to these children. It will be used only for this purpose.

**Instructions:** See reverse side.

Note: "Birth parent" for purposes of this form is defined in s. 48.432(1), Wisconsin Statutes, to be either:

1. The mother designated on the child's original birth certificate.
2. One of the following:
  - a. The adjudicated father.
  - b. If there is no adjudicated father, the husband of the mother at the time of the child's conception, birth or subsequent "legitimation."

**Child Information** (As given on the birth certificate)

Name (Last, First, Middle)	Birthdate (mm/dd/yyyy)	County	State
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Yes  No Has this child been adopted previously?

**Birth Mother Information**

Name – Current (Last, First, Middle)	Last Name at Child's Birth (If different than current name)
Address – Current (Street, City, State, Zip Code)	Address – Permanent (Street, City, State, Zip Code) <b>Optional</b>

Telephone Number – <b>Optional</b>	Mother's Rights – <input type="checkbox"/> Terminated <input type="checkbox"/> Not Terminated If "Terminated" – _____ Date (mm/dd/yyyy) County
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**Birth Father Information**

Name – Current (Last, First, Middle)	
Address – Current (Street, City, State, Zip Code)	Address – Permanent (Street, City, State, Zip Code) <b>Optional</b>

Telephone Number – <b>Optional</b>	Father's Rights – <input type="checkbox"/> Terminated <input type="checkbox"/> Not Terminated If "Terminated" – _____ Date (mm/dd/yyyy) County
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Yes  No Was the father adjudicated?

Yes  No If the father was the husband of mother, is he the child's biological father?

**Guardian and Legal Custodian Information**

Name – Person or Agency Awarded Guardianship	Address – (Street, City, State, Zip Code)
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Name – Legal Custodian (If separate from guardian – agency or person)

Address – (Street, City, State, Zip Code)

## INSTRUCTIONS FOR COMPLETING COURT REPORT

- A. If special circumstances exist that are not adequately covered in this form, describe other pertinent information in any attachment.
- B. If the birth mother and / or birth father sign affidavits authorizing the Department to provide the child with information identifying the birth parent, the affidavits should accompany the report.
- C. Attach a copy of the medical records described in s. 48.425(1)(am), Wis. Stats.:

A medical record of the child which shall include:

- \* 1. The medical and genetic history of the birth parents and any other medical and genetic information furnished by the birth parents about the child's grandparents, aunts, uncles, brothers and sisters.
  - 2. A report of any medical examination which either birth parent had within one year before the date of the petition.
  - \* 3. A report describing the child's prenatal care and medical condition at birth.
  - \* 4. The medical and genetic history of the child and any other relevant medical and genetic information.
- \* The recommended CFS-149, "Family History Questionnaire Medical / Genetic" and CFS-149A, "Family History Questionnaire Medical / Genetic – Pregnancy and Delivery Information" have been developed by the Department for use in reporting this information. These questionnaires, however, do not preclude submitting additional information on other forms or reports from other health or medical facilities.

Submit completed form to: Department of Children and Families  
Adoption Records Search Program  
P.O. Box 8916  
Madison, WI 53708-8916