QUESTIONS ABOUT YOU AND THE INFANT

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

You do not have to complete this form or share any information with the person who accepted the infant.

We ask that you fill out this form to help us give the infant the best possible care now and in the future. However, if any of the situations listed below are true, you no longer have the right to keep your information private.

1. The infant has been harmed, or
2. You are being forced by someone to give up the infant, or
3. The infant is more than 72 hours old.

Please answer these questions as best you can and mail the form to the Bureau of Milwaukee Child Welfare in Milwaukee, or to the County Department of Human or Social Services in the county in which the infant was relinquished.

The infant was born on _____/_____/_____
(month) (day) (year)

The infant was born at about _____ ☐ in the morning ☐ in the afternoon ☐ at night.
(time)

The infant was born in _____, _____
(city) (state)

The infant is entirely or partly: (Check all that apply.)

- ☐ White
- ☐ Black or African-American
- ☐ American Indian or Alaska Native
  What is the tribal affiliation? _____
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other race - Specify: _____

☐ Yes ☐ No Were there any problems with the pregnancy or delivery? If "Yes" what were the problems?

Please provide any information about the infant's family's social and health histories that would be helpful to the future care of the infant. (For example, is there a history of heart disease, diabetes, asthma, allergies or seizures; did the mother use alcohol or other drugs during the pregnancy, etc.?) The information provided need not identify the parents of the child.