

**Vision of Hope Ministries
Birthmother Request for an Adoptive Couple**

Name: _____ Age _____

Race of baby: _____ Due date: _____

Have you had an ultrasound?

_____ Yes At what stage of your pregnancy? _____

_____ No

What were the results:

_____ Girl _____ Definitely _____ Probably

_____ Boy _____ Definitely _____ Probably

_____ Unknown

Check what is applicable:

_____ I am considering adoption

_____ I am definite on adoption

Name and age of Birthfather, if applicable: _____

Birthfather's last known address and phone number:

Address: _____

Phone: _____

Have you told him about the baby? _____

Is he willing to sign the surrender papers? _____

Please list, in detail, any specific requests you may have in choosing an adoptive couple:
