



## Safe Haven Registry

Location Child was legally surrendered \_\_\_\_\_

Date Child was legally surrendered \_\_\_\_\_

### Mothers information

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Phone \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

### Fathers information

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Phone \_\_\_\_\_

4. Date of Birth \_\_\_\_\_

Medical information for Mother \_\_\_\_\_

\_\_\_\_\_

Medical information about the Father \_\_\_\_\_

\_\_\_\_\_

Would you like the child to be given identifying information regarding the parents, such as name and address? Yes/  
No

If you would like to give additional information, please circle the appropriate box and we will send you an additional questionnaire. Yes/No

This information is highly confidential and will not be made public. This is also a voluntary program. If you wish to participate you understand that this is completely voluntary. The current Safe Haven Law requires no information regarding the parents. This is a program for parents who have changed their minds and want their child to be given the information upon their child becoming a legal adult.

If you would like additional information regarding the Safe Haven Law in your state, go to [www.SafeHavenBabyBoxes.com](http://www.SafeHavenBabyBoxes.com) for more info.

Thank you,

Safe Haven Baby Box Registry Team