



ICPC Interstate Compact Placement of Children
Genetic and Medical History
of Child's Biological Family

Child's Name: _____

Reason for Placement:

Birth Mother's Information:

Birth Mother's Name: _____

Current Address:

Street _____ Apt. # _____

City _____ State _____ Zip _____

Current Permanent Address:

Street _____ Apt. # _____

City _____ State _____ Zip _____

Birth Father's Information:

Birth Father's Name: _____

Current Address:

Street _____ Apt. # _____

City _____ State _____ Zip _____

Current Permanent Address:

Street _____ Apt. # _____

City _____ State _____ Zip _____

THIS FORM IS AVAILABLE IN ALTERNATE FORMAT UPON REQUEST