

**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.SHBB.ORG.com](http://www.SHBB.ORG.com) for more info. If you would like to email this back to us please email to [Monica@SafeHavenBabyBoxes.com](mailto:Monica@SafeHavenBabyBoxes.com). If you would like to mail it please send it to:

Safe Haven Baby Boxes  
PO Box 185  
Woodburn, IN 46797

Thank you,

Safe Haven Baby Box Registry Team