**IDENTIFICATION OF RELATIVES
AND FICTIVE KIN**

....
DATE

Child's Name: .... Birth Date:...

Use this form to provide the names of relatives and fictive kin (people close to the family but not related) of the above-referenced child. Provide as many names as possible. Use additional forms, if necessary.

After completion, a copy of this form will be provided to the local department of social services family services specialist assigned to the child/family. The information will be incorporated into the local department's diligent search documentation and used to explore opportunities to engage the identified persons in the child's life.

Name of person providing information:..

Mother's Name:...	**Father's Name:**...
<u>**Mother's Relatives**</u>	<u>**Father's Relatives**</u>
Child's Stepparent (if applicable)	Child's Stepparent (if applicable)
Child's [ ] Grandmother [ ] Grandfather	Child's [ ] Grandmother [ ] Grandfather
Child's [ ] Grandmother [ ] Grandfather	Child's [ ] Grandmother [ ] Grandfather
Child's [ ] Aunt [ ] Uncle	Child's [ ] Aunt [ ] Uncle
Child's [ ] Aunt [ ] Uncle	Child's [ ] Aunt [ ] Uncle
Other Relative: .... Name:	Other Relative: .... Name: ....
Other Relative: .... Name:	Other Relative: .... Name: ....

Child's Siblings (if applicable):

[ ] Brother [ ] Sister [ ] BIOLOGICAL [ ] STEP [ ] HALF [ ] ADOPTED	[ ] Brother [ ] Sister [ ] BIOLOGICAL [ ] STEP [ ] HALF [ ] ADOPTED
[ ] Brother [ ] Sister [ ] BIOLOGICAL [ ] STEP [ ] HALF [ ] ADOPTED	[ ] Brother [ ] Sister [ ] BIOLOGICAL [ ] STEP [ ] HALF [ ] ADOPTED

[Reverse]

Child's Name: ....

Fictive Kin:

Connection to child: ……………………………………………… Name: ………………………………………………………………	Connection to child: ……………………………………………… Name: ………………………………………………………………
Connection to child: ……………………………………………… Name: ………………………………………………………………	Connection to child: ……………………………………………… Name: ………………………………………………………………

<u>Release of Information</u>

I understand that upon completion, a copy of this form will be provided to the local department of social services family services specialist assigned to the child/family for incorporation into the local department's diligent search documentation and used to explore opportunities to engage the identified persons in the child's life. I consent to the sharing of this form and the information it contains with the local department of social services for these purposes.

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PARENT'S SIGNATURE   DATE