

# CHILD'S BIOLOGICAL FAMILY HISTORY

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Name – Caseworker	Name – Agency	Date Completed (mm/dd/yyyy)
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List Information Source(s) and Their Relationship to Child

**NOTE: Document all names an individual is known by for each family member. Always document maiden names of female family members, if known.**

**CHILD**  
 Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Native American?  Yes  No  Unknown  
 Tribe(s) / Clan(s): \_\_\_\_\_  
 \_\_\_\_\_

**MOTHER**

 Name: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Other Names: \_\_\_\_\_  
 \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Native American?  Yes  No  Unk  
 Tribes(s) / Clan(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FATHER**

 Name(s): \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Native American?  Yes  No  Unk  
 Tribes(s) / Clan(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Name on Birth Certificate?  Yes  No  
 If No, was paternity legally established or has Father / Tribe acknowledged paternity?  
 Yes  No

**MATERNAL GRANDMOTHER**

 Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Native American?  
 Yes  No  Unk  
 Tribes(s) / Clan(s): \_\_\_\_\_  
 \_\_\_\_\_

**MATERNAL GRANDFATHER**

 Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Native American?  
 Yes  No  Unk  
 Tribes(s) / Clan(s): \_\_\_\_\_  
 \_\_\_\_\_

**PATERNAL GRANDMOTHER**

 Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Native American?  
 Yes  No  Unk  
 Tribes(s) / Clan(s): \_\_\_\_\_  
 \_\_\_\_\_

**PATERNAL GRANDFATHER**

 Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Native American?  
 Yes  No  Unk  
 Tribes(s) / Clan(s): \_\_\_\_\_  
 \_\_\_\_\_

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<b>MATERNAL GREAT GRANDMOTHER</b>
Name: _____
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Tribes(s) / Clan(s): _____
_____

|

<b>MATERNAL GREAT GRANDMOTHER</b>
Name: _____
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Tribes(s) / Clan(s): _____
_____

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<b>PATERNAL GREAT GRANDMOTHER</b>
Name: _____
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Tribes(s) / Clan(s): _____
_____

|

<b>PATERNAL GREAT GRANDMOTHER</b>
Name: _____
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Tribes(s) / Clan(s): _____
_____

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<b>MATERNAL GREAT GRANDFATHER</b>
Name: _____
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Tribes(s) / Clan(s): _____
_____

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<b>MATERNAL GREAT GRANDFATHER</b>
Name: _____
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Tribes(s) / Clan(s): _____
_____

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<b>PATERNAL GREAT GRANDFATHER</b>
Name: _____
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Tribes(s) / Clan(s): _____
_____

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<b>PATERNAL GREAT GRANDFATHER</b>
Name: _____
Native American? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Tribes(s) / Clan(s): _____
_____