



Every child deserves a home.

## UPDATE TO CHS FILE

**If you would like to place an update (message, contact information, medical history) in your file please provide the information below. This update will be placed in your file should the agency ever be contacted for this information.**

I am the adoptee  adoptive parent  birth parent  other

Name at the time of placement: \_\_\_\_\_

Your current full legal name \_\_\_\_\_  
(if different from above)

Your Date of Birth: \_\_\_\_\_

Name of child placed: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Current Contact Information:

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Email Address

**Message to include with update:**