MCINTOSH TRAIL CSB
DOCUMENTATION OF CHILD BIRTH, ADOPTION OR FOSTER CARE

RE: _____
Name of Employee

TO: _____
Name of Physician or Attorney or Agency

DATE: _____

Please complete one:

This is to certify that the employee named above is expected to become a biological parent on _____.
Date

This is to certify that the employee named above became a biological parent on _____.
Date

This is to certify that a child will be placed for adoption or foster care with the employee named above on _____.
Date

This is to certify that a child was adopted or accepted in foster care by the employee named above on _____.
Date

M.D.

Signature of Physician (No stamps please) _____ Date

Signature of Attorney or Agency _____ Date

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