

# Relative Search Information

Name of Person Completing Form:

Social Worker:

County:

Child's/Children's Name: \_\_\_\_\_

<b>1. Relative Information</b>	Relationship to Child: _____	<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name: _____			
Street: _____			
City: _____		State: _____	Zip Code: _____ Country: _____
Home Phone: (     )		Cell/Work Phone: (     )	Email: _____
<b>For county use only:</b> Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/>			

<b>2. Relative Information</b>	Relationship to Child: _____	<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name: _____			
Street: _____			
City: _____		State: _____	Zip Code: _____ Country: _____
Home Phone: (     )		Cell/Work Phone: (     )	Email: _____
<b>For county use only:</b> Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/>			

<b>3. Relative Information</b>	Relationship to Child: _____	<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name: _____			
Street: _____			
City: _____		State: _____	Zip Code: _____ Country: _____
Home Phone: (     )		Cell/Work Phone: (     )	Email: _____
<b>For county use only:</b> Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/>			

<b>4. Relative Information</b>	Relationship to Child: _____	<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name: _____			
Street: _____			
City: _____		State: _____	Zip Code: _____ Country: _____
Home Phone: (     )		Cell/Work Phone: (     )	Email: _____
<b>For county use only:</b> Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/>			

<b>5. Relative Information</b>	Relationship to Child: _____	<input type="checkbox"/> Maternal	<input type="checkbox"/> Paternal
Name: _____			
Street: _____			
City: _____		State: _____	Zip Code: _____ Country: _____
Home Phone: (     )		Cell/Work Phone: (     )	Email: _____
<b>For county use only:</b> Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/>			