

**SAFE DELIVERY OF NEWBORNS
TRACKING INFORMATION**
Michigan Department of Human Services

CIRCUMSTANCES OF SURRENDER

Date of Surrender	City Where Surrendered	County Where Surrendered
Surrendered to: <input type="checkbox"/> Hospital <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Emergency Medical Technician/Paramedic		
Name and Address of Emergency Service Provider (ESP) above		
Newborn Transported to Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No		Newborn Delivered at Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Private Agency Contacted		
Address of Agency		Telephone
Contact Person		

CHILD INFORMATION

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Race
Health Status		

PARENT INFORMATION

Mother Identified <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother's Date of Birth/Age	Medical History Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed Release <input type="checkbox"/> Yes <input type="checkbox"/> No
Father Identified <input type="checkbox"/> Yes <input type="checkbox"/> No	Father's Date of Birth/Age	Medical History Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed Release <input type="checkbox"/> Yes <input type="checkbox"/> No

LEGAL

County of Family Court Petition Filed In	Date
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Send to: DHS Michigan Children's Institute (MCI) Office
P.O. Box 30037, Suite 514
Lansing, MI 48909

Attn: Safe Delivery Coordinator
FAX: 517-335-6177
Phone: 517-335-6421