



REQUEST FOR LETTER FROM DHS
RE: SURROGATE APPOINTMENT
PLEASE *PRINT* ALL INFORMATION

EI Provider _____ **Date** _____

Requested by _____ **Phone** _____

Parent Consultant _____

Child's Information:

Name	DOB	Phone Number

Biological Father/Mother Information:

Mother's Name:	Father's Name:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Phone Number:	Phone Number:
Language Spoken:	Language Spoken:

Foster Family Information:

Name:
Street Address:
City, State, Zip:
Phone Number:
Language Spoken:

DCYF Worker:

Name:
Phone Number: