

**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
Division of Protection and Permanency**

RELATIVE EXPLORATION FORM

Date

Child's name

Case Number

Mother's name

Father's name

Was the mother married at the time of the child's birth and to whom?

Child's maternal grandparents (mother's parents):

Maternal Grandmother

Address

Phone number

Maternal Grandfather

Address

Phone number

Child's paternal grandparents (father's parents):

Paternal Grandmother

Address

Phone number

Paternal Grandfather

Address

Phone number

Child's maternal aunts and uncles (mother's siblings) Attach additional pages if necessary.

Maternal Aunt

Address

Phone number

Maternal Uncle

Address

Phone number

Child's paternal aunt and uncle (father's siblings) Attach additional pages if necessary.

Paternal Aunt

Address

Phone number

Paternal Uncle
Address

Phone number

Please list all of the child's adult siblings in the space below. Attach additional pages if necessary.

Adult Sibling
Address

Phone number

Adult Sibling
Address

Phone number

Are there other relatives who have played a significant role in this child's life? If so, please provide names, addresses, and phone numbers.

Name	Address	City/State/ZIP	Phone
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