Attachment C
8720.218

Dear Parent:

Please take this time to write a message to your newborn. We will pass this message on to the child's social worker so that your child may some day read it.

Date Newborn Transferred:	Hospital / Fire Station:	ID Band Number:

Parent's Message To Newborn:

This history is a thoughtful gift, and will accompany your child.
After filling out this form, please mail to:

"Newborn Safety"
Adoptions Program Manager
Children's Administration
Department of Social and Health Services
PO Box 45710
Olympia, WA 98504-5710