
APPENDIX A
EUGENICS BOARD FORMS

FORM NO. 2—PETITION FOR OPERATION OF STERILIZATION OR ASEXUALIZATION. NON-INSTITUTIONAL PATIENT.

NORTH CAROLINA,
..... COUNTY. } BEFORE THE
IN RE: STERILIZATION OR } EUGENICS BOARD OF NORTH CAROLINA.
ASEXUALIZATION OF }
..... } PETITION FOR OPERATION OF
} STERILIZATION OR ASEXUALIZATION

TO THE EUGENICS BOARD OF NORTH CAROLINA: GREETINGS—

YOUR PETITIONER,, having made investigation of the case of, hereinafter designated as the patient, who resides at, in the State and County aforesaid; and having made a study of the medical history of the case of said patient, and having made a study of the social case history of the circumstances surrounding the patient's life relative to the likelihood of the said patient to procreate a child or children,

AND WHEREAS, it appears to your Petitioner that (1) it is for the best interest of the mental, moral and physical improvement of the patient that he (or she) undergo an operation for sterilization or asexualization; (2) that it is for the public good that such patient undergo such operation; and (3) that said patient would be likely, unless operated upon, to procreate a child or children who would have a tendency to serious physical, mental, or nervous disease or deficiency;

NOW THEREFORE, Your Petitioner prays that an order be entered by the Eugenics Board of North Carolina requiring your Petitioner to perform, or to have performed by some competent physician or surgeon as may be designated by the Board in such order, upon, the patient named in this Petition, one of the operations specified in Section 1, Chapter 224, Public Laws of North Carolina, 1933, which in the discretion of the Board, shall be best suited to the interests of the said patient or to the public good.

SIGNED:,
Petitioner (Supt. of Public Welfare)

This..... day of, 194.....

VERIFICATION

NORTH CAROLINA,

..... COUNTY.

....., the Petitioner herein, being duly sworn, says that the foregoing and the following statements made in this Petition are true to his (her) own knowledge, except as to those matters stated upon information and belief, and as to those, he (she) believes it to be true.

.....
Petitioner (Supt. of Public Welfare)

Sworn to before me, this day of 194.....

.....
(N. P.; J. P.; or Clerk Superior Court)

(SEAL) My commission expires.....
OWEN G. DUNN CO. 32871

PERSONAL AND FAMILY HISTORY

Name Age Race Sex
Home Address County of
Present location
Date of Birth Place of Birth
Legitimate Illegitimate
Marital Status: Single Married Widowed Separated Divorced
Education: Illiterate Reads Writes Public School grade completed
College work

GIVE NAMES, AGES AND PRESENT LOCATION OF CHILDREN OF PATIENT (INMATE)

NAME	AGE	PRESENT LOCATION
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Father's name Address
If dead give: Age at death Cause of death
Mother's name Address
If dead give: Age at death Cause of death
If subject is married give: Name of husband or wife
Address
If father and mother are dead and subject is not married give: Next of kin
Address
Has guardian been appointed for this person? If so give Name
Address

INSTITUTIONAL RECORD OF PATIENT:

INSTITUTION	CAUSE	DATE ADMITTED	DATE DISCHARGED
.....
.....
.....
.....

Has patient been given mental examination? If so give: Name of Examiner
Result of examination

If petition is granted, give name and address of physician or surgeon who will perform operation:

MEDICAL HISTORY

RECORD OF DEFECTS

Check in front of defects exhibited by patient and indicate in space after each defect if exhibited by patient's children, brothers, sisters, parents, uncles, aunts, or grandparents. If any of these persons have had institutional care and treatment, give name of institution.

<input type="checkbox"/> Mental disease
<input type="checkbox"/> Feeble-mindedness
<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Convulsions
<input type="checkbox"/> Paralysis
<input type="checkbox"/> Sexual promiscuity
<input type="checkbox"/> Syphilis
<input type="checkbox"/> Gonorrhoea
<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Alcoholism
<input type="checkbox"/> Criminality
<input type="checkbox"/> Suicidal tendency
<input type="checkbox"/> Pauper
<input type="checkbox"/> Drug Addict
<input type="checkbox"/> Congenital blindness
<input type="checkbox"/> Acquired blindness
<input type="checkbox"/> Congenital deafness
<input type="checkbox"/> Acquired deafness
<input type="checkbox"/> Dumbness
<input type="checkbox"/> Extreme nervousness
<input type="checkbox"/> Chorea (Sydenhams)
<input type="checkbox"/> Chorea (Huntingtons)

The Eugenics Board has jurisdiction only in cases of mental disease, feeble-mindedness, and epilepsy.

What is your diagnosis of the patient's mental and physical condition?

Use the following space for any medical history contained in your records not given above:
.....
.....
.....

Upon the basis of the information given do you recommend sterilization or asexualization for this patient?
I recommend:

AFFIDAVIT OF PHYSICIAN

....., a registered physician of
.....County, North Carolina,
being duly sworn says that he has had actual knowledge of the case of
.....(patient or inmate), and says further that the fore-
going medical history of.....(patient or inmate)
is true of his own knowledge, except as to those matters therein stated upon information and belief, and as
to those, he believes it to be true.

.....
Physician

Sworn to before me, this.....day of....., 194.....

.....
(N. P.; J. P.; or Clerk of Superior Court)

(SEAL) My commission expires.....

CERTIFICATE OF SECRETARY OF EUGENICS BOARD OF NORTH CAROLINA, THAT THE COPY OF THE PETITION WHICH IS SERVED WITH THE NOTICE OF HEARING, IS A TRUE AND CORRECT COPY OF THE ORIGINAL.

NORTH CAROLINA, } IN RE: STERILIZATION OR ASEXUALIZATION
.....COUNTY. } OF

I,, Secretary of the Eugenics Board
of North Carolina, do hereby certify that the foregoing is a true and correct copy of the Petition for Opera-
tion of Sterilization or Asexualization instituted before the Eugenics Board of North Carolina, by.....

.....Petitioner, on.....194.....

SIGNED:.....
Secretary of Eugenics Board of North Carolina.

This.....day of.....194.....

FORM NO. 3—NOTICE OF HEARING.

NORTH CAROLINA,

WAKE COUNTY.

IN RE: STERILIZATION OR ASEXUALIZATION
OF

BEFORE THE
EUGENICS BOARD OF NORTH CAROLINA.
NOTICE OF HEARING
(TO PATIENT AND NEXT OF KIN, OR GUARDIAN)

TO, patient.....
TAKE NOTICE, that there has been instituted before the Eugenics Board of North Carolina, by

.....(Petitioner), a Petition, (copy of which duly certified by
the Secretary of the Eugenics Board of North Carolina to be correct, is attached to this Notice), which prays
for an order to be entered by the Eugenics Board of North Carolina requiring the aforesaid Petitioner to
perform, or that said Petitioner have performed by some competent physician or surgeon as may be desig-
nated by the Board in such order, upon you..... patient ,
one of the operations specified in Section 1, Chapter 224, Public Laws of North Carolina 1933, which in the
discretion of the Board shall be best suited to the interests of you, the said patient or to the public good.

Take further notice therefore, that on....., at.....a.m. o'clock, at
....., in Raleigh, Wake County, the aforesaid Petition shall be presented to
the Eugenics Board of North Carolina, at which time and at which place, aforesaid, the said Board will hear
and consider such Petition and evidence offered in support of and against the same, and will act upon the
same. You are hereby given notice that you will be given opportunity, if desired, to attend the said hearing
in person, and that you may be represented at such hearings by counsel.

SIGNED.....
Secretary of the Eugenics Board of North Carolina.

This.....day of.....

**OFFICER'S RETURN
SERVICE OF PETITION AND NOTICE OF HEARING**

SERVED....., 193....., by delivering a copy of the above Notice, to-
gether with a copy of the "Petition for Operation of Sterilization or Asexualization," certified by the Secre-
tary of the Eugenics Board of North Carolina to be a correct copy, to each of the following:

.....
(Patient or Inmate)

Note: The attached copies of this notice and petition must
be served not less than 15 days before the time set for hearing.
After service fill out "Officer's Return" and forward this
entire sheet to Secretary of Eugenics Board, Box 1262,
Raleigh.

.....
(Legal or Natural Guardian or Next of Kin of Patient or Inmate)

.....
*(If no guardian or next of kin; to the solicitor of the county in
which the inmate or patient resides.)*

SIGNED.....

Sheriff of.....County.

Form No. 4—ORDER FOR OPERATION OF STERILIZATION OR ASEXUALIZATION.

NORTH CAROLINA,
WAKE COUNTY.
IN RE: STERILIZATION OR ASEXUALIZATION
OF

BEFORE THE
EUGENICS BOARD OF NORTH CAROLINA.
ORDER FOR OPERATION OF
STERILIZATION OR ASEXUALIZATION

WHEREAS, on _____, a Petition for Operation of Sterilization or Asexualization to be performed upon _____ was instituted with this Board by _____, the Petitioner, and

WHEREAS, on _____, the Secretary of the Eugenics Board of North Carolina, did issue a Notice of Hearing in this matter, which Notice together with a certified copy of the Petition was duly served upon the patient: _____ and others, to wit: _____

together, with a copy of the aforesaid Petition certified by the Secretary of the Eugenics Board to be a true and correct copy; and

WHEREAS, this Board at the place and time designated in the aforesaid Notice of Hearing, did consider the said Petition, and a medical history of the patient, a social case history of the circumstances surrounding the said patient's life relative to the likelihood of the said patient to procreate a child or children, and did hear and consider various other evidence duly offered in support of and against the said Petition, and patient not being present or represented,

AND it being the opinion and judgment of this Board that this case falls within the intent and meaning of one or more of the circumstances mentioned in Section four, Chapter 224, Public Laws of North Carolina, 1933, and that an operation of asexualization or sterilization will be for the best interest of the mental, moral and physical improvement of the said patient, and/or for the public good,

NOW THEREFORE, IT IS CONSIDERED, ADJUDGED, and ORDERED THAT the Petitioner, _____ proceed to have performed upon _____ (patient), the operation of _____

such operation to be performed by _____ on any day between the _____ day of _____ 19_____ and the _____ day of _____

19_____; Provided, that nothing in this order shall prevent or interfere in any manner with the right of the patient or guardian or next of kin of such patient to select competent physicians of their own choice to perform such operation at the patient's expense.

Provided further, that nothing contained in this order shall be construed to authorize the interruption or termination of pregnancy in any case where the same is known to exist.

SIGNED: _____

This _____ day of _____ 19_____, Members of the Eugenics Board of North Carolina

CERTIFICATE OF SURGEON

THIS IS TO CERTIFY that I have this day sterilized, or asexualized _____ (NAME OF PATIENT) by doing a _____ (TYPE OF OPERATION)

SIGNED: _____, M. D.

Date _____

NOTE:—File with Secretary of Eugenics Board of North Carolina, Box 2599, Raleigh, N. C.

PETITIONER: PLEASE FILL IN FORM ON BACK OF THIS SHEET.
STERILIZATION DOES NOT MEAN CASTRATION, NOR STERILIZATION BY X-RAY

Form No. 5—AUTHORIZATION OF PETITIONER TO SURGEON.

NORTH CAROLINA,
_____ COUNTY.
IN RE: STERILIZATION OR ASEXUALIZATION
OF

BEFORE THE
EUGENICS BOARD OF NORTH CAROLINA.
LETTER OF AUTHORIZATION
TO SURGEON

In accordance with the provisions of Section 3, Chapter 224 Public Laws of N. C., 1933, and of the order of the Eugenics Board, I hereby authorize _____ (NAME OF SURGEON)

to perform the operation of _____ upon said _____

on any day between _____ and _____

SIGNED _____

TITLE _____

Petitioner.

Date _____

FORM 6-A-5c—CONSENT FOR OPERATION OF STERILIZATION.

NORTH CAROLINA,

.....COUNTY.

In Re: Sterilization

of

BEFORE THE
EUGENICS BOARD OF NORTH CAROLINA
CONSENT OF PARENT, GUARDIAN,
SPOUSE, OR NEXT OF KIN

I, the undersigned, do hereby petition

(Name and relationship to patient)

(Name and title, as Supt. of Public Welfare or Supt. of State Institution where patient is an inmate.)

to institute proceedings before the Eugenics Board of North Carolina for the sterilization of

....., and I do hereby give my consent to the performance of such operation, said operation to be performed in accordance with the authorization of said Board.

Signed:
(Signature of parent, guardian, spouse, or next of kin)

VERIFICATION

NORTH CAROLINA,

.....COUNTY.

.....being duly sworn, deposes and says that he (or she) has read or has heard read the foregoing petition and knows the contents thereof; that the same is true of his (or her) own knowledge except as to those matters and things therein stated upon information and belief, as to those he (or she) believes it to be true. Deponent further says that the above was signed of his (or her) own free will and accord.

Signed:
(Signature of parent, guardian, spouse, or next of kin)

Sworn to and subscribed before me, this

.....day of

.....
N. P.; J. P.; or Clerk Superior Court

(SEAL) My commission expires

NOTE:

Under the provisions of the 1935 amendment to Section 9 of the 1933 sterilization law, the usual procedure of having the Sheriff serve notice of hearing and a certified copy of the petition will not be necessary if consent as provided for on this form is obtained.

If patient is 21 years of age and is not an inmate of one of the three State Hospitals or Caswell Training School and if the said patient has not been declared mentally unsound by a court of competent jurisdiction, the patient's consent must also be obtained.

FORM No. 6-B—CONSENT FOR OPERATION OF STERILIZATION

NORTH CAROLINA,

.....COUNTY.

In Re: Sterilization

of

BEFORE THE
EUGENICS BOARD OF NORTH CAROLINA
CONSENT OF PATIENT

I, the undersigned, patient, do hereby petition

(Name and title, as Supt. of Public Welfare or Supt. of State Institution where patient is an inmate.)

to institute proceedings before the Eugenics Board of North Carolina for my sterilization; and I do hereby give my consent to the performance of such operation, said operation to be performed in accordance with the authorization of said Board.

Signed:
(Signature of patient)

VERIFICATION

NORTH CAROLINA,

.....COUNTY.

.....being duly sworn, deposes and says that he (or she) has read or has heard read the foregoing petition and knows the contents thereof; that the same is true of his (or her) own knowledge except as to those matters and things therein stated upon information and belief, as to those he (or she) believes it to be true. Deponent further says that the above was signed of his (or her) own free will and accord.

Signed:
(Signature of patient)

Sworn to and subscribed before me, this

.....day of

.....
N. P.; J. P.; or Clerk Superior Court.

(SEAL) My commission expires

NOTE:

If patient is 21 years of age, is not an inmate of one of the State Hospitals or Caswell Training School, or has not been declared mentally unsound by a court of competent jurisdiction, the patient's consent should be obtained.

Under the provisions of General Statutes 35-44, the procedure of having the Sheriff serve a notice of hearing and a certified copy of the petition will not be necessary if consent as provided for on this form and consent of next of kin (Form No. 6-A) are secured.