

POST-ADOPTION RECORDS & RESOURCES (PARR) APPLICATION

Complete this application and mail to:
 Spence-Chapin Services to Families and Children
 410 East 92nd Street, 3rd Floor, NY, NY 10128
 Attention: Post-Adoption Records & Resources

Internal use only

Applications must include the following:

- * \$50 administration fee payable by check to Spence-Chapin Services to Families and Children, or by credit card; please see page 4 of this application to provide credit card information
- * Printed, signed, and notarized PARR application
- * Copy of acceptable form of ID such as a driver's license; additional identity verifying documentation will be requested if necessary; *biological siblings* must submit a birth certificate copy with this application
- * Government issued marriage certificate or other proof of legal name change, if applicable
- * NYSAIR application (optional); *adoptees* and *biological siblings* must attach a birth certificate copy to their NYSAIR application
- * KWS documentation, if applicable

INCOMPLETE APPLICATIONS MAY DELAY PROCESSING

INFORMATION OF APPLICANT	Please check one:
Full Legal (Current) Name of Applicant (First, Middle, Last):	<input type="checkbox"/> Adult Adoptee <input type="checkbox"/> Foster Client (Not Adopted) <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Birth Parent <input type="checkbox"/> Biological Sibling of Adopted Person <input type="checkbox"/> Other: _____ _____
Current Mailing Address (Street/PO Box/Apt.#):	
City: State: Zip Code:	
Telephone Number: Email:	

ADDITIONAL INFORMATION. If applicant is an ADOPTEE, an ADOPTIVE PARENT, or a FOSTER CLIENT (not adopted) please provide the following information, if known.	
Full Legal (Current) Name of Adoptee/Foster Client (First, Middle, Last):	Maiden Name of Adoptee/Foster Client:
Full Name of Adoptive/Foster Parent 1 (First, Middle, Last):	Maiden Name of Adoptive/Foster Parent:
Full Name of Adoptive/Foster Parent 2 (First, Middle, Last):	Adoptee/Foster Client's Birth Information: <i>Date of Birth:</i> <i>State of Birth:</i>
Name of Adoption Agency: <input type="checkbox"/> Spence-Chapin <input type="checkbox"/> Sophia Fund <input type="checkbox"/> Talbot Perkins <input type="checkbox"/> <i>Unsure</i>	Domestic or International Adoption: <input type="checkbox"/> Domestic <input type="checkbox"/> International, Country of Origin: _____

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ADDITIONAL INFORMATION. If applicant is a BIOLOGICAL SIBLING of an adoptee/foster client through one or both (birth) parents, please provide the following information, if known.	
Full Name of Birth Mother/Birth Parent 1 (First, Middle, Last):	Maiden Name of Birth Parent 1:
Full Name of Birth Father/Birth Parent 2 (First, Middle, Last):	Birthdate of Birth Parent 1:
Specify How You Are Related to the Adoptee/Foster Client: <input type="checkbox"/> Common (birth) mother/parent 1 <input type="checkbox"/> Common (birth) father/parent2	

ADDITIONAL INFORMATION. If applicant is a BIRTH PARENT of an adoptee/foster client, please provide the following information, if known.	
Other Names Used by Birth Parent(s) at Birth of Adoptee/Foster Client: <i>(former maiden, married, and assumed names or aliases)</i>	
Name Given to Adoptee/Foster Client at Birth:	
Birthdate of Birth Parent(s):	Birthdate of Adoptee/Foster Client:

Please provide any additional information you would like to share regarding your request:

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Please check the boxes below to indicate which service(s) you are requesting (check all that apply):

- Record information
- Forward NYSAIR application* to the NYSAIR office on behalf of applicant
- Search and reunion referral information
- Citizenship roll removal** (*South Korea Only*)
- International birth parent search** (*South Korea Only*)
- Contact assistance with regard to open adoptions
- Other: _____

*You must submit a NYSAIR application to Spence-Chapin along with your PARR application; adoptees and biological siblings must submit a birth certificate copy with their NYSAIR application.

**Additional KWS documentation may be required before your request can be fulfilled

Have you requested this information/service before?

- Yes
- No

If applying for record information, how would you like your information shared with you? (you may choose more than one)

- Mail
- Email
- Read in the presence of an adoption-competent social worker, either over the phone, via video chat, or in-person at Spence-Chapin. **Additional fees apply** for this option, which are due at the time of the session.

If different from above, provide the address where you would like your information sent:

Would you be interested in receiving mailings from SC about upcoming community events and new services as they become available? (You can opt out of mailings at any time by contacting jgreem@spence-chapin.org)

- Yes
- No

For more information on the available services or related application procedures, please contact the PARR team at **212-369-0300 ext. 613** or parr.info@spence-chapin.org

I hereby attest that all of the information provided on this application is true and accurate to the best of my knowledge under penalty of perjury

Sworn before me this _____ day
of _____, _____.

Notary Republic

Applicant's Name (Printed)

Applicant's Signature

METHOD OF PAYMENT

Enclosed is my check in the amount of \$ _____

Charge the amount of \$ _____ to my:

Amex Card # _____ **Expires** _____ **Card ID #** _____
The card ID is the 4-digit number printed above main number on either the left or right side

Visa Card # _____ **Expires** _____ **Card ID #** _____
The card ID is the 3-digit number on the back of the card at the top of the signature strip

Master Card # _____ **Expires** _____ **Card ID #** _____
The card ID is the 3-digit number on the back of the card at the top of the signature strip

Discover Card # _____ **Expires** _____ **Card ID #** _____
The card ID is the 3-digit number on the back of the card at the top of the signature strip

Billing address _____ **Zip Code** _____

Name as it appears on card _____

Signature _____