

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:

- * Printed, signed, and notarized Louise Wise 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 the NYSAIR application

Please note: Due to the generosity of The Louise Wise Fund, maintaining Louise Wise private adoption records, and responding to inquiries regarding these records, is a free service for eligible individuals who are connected to a Louise Wise adoption.

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"/> Birth Parent <input type="checkbox"/> Biological Sibling of Adopted Person <input type="checkbox"/> Other: _____ _____ <i>Applicants must be at least 18 years old</i>
Current Mailing Address (Street/PO Box/Apt.#):	
City: State: Zip Code:	
Telephone Number: Email:	

ADDITIONAL INFORMATION. If applicant is an ADOPTEE (or the DESCENDANT of an adoptee) please provide the following, if known.	
Full Legal (Current) Name of Adoptee (First, Middle, Last):	Adoptee’s Maiden Name
Full Name of Adoptive Parent 1 (First, Middle, Last):	Adoptive Parent’s Maiden Name:
Full Name of Adoptive Parent 2 (First, Middle, Last):	Adoptee’s Birth Information: <i>Date of Birth:</i> <i>State of Birth:</i>

ADDITIONAL INFORMATION. If applicant is a BIOLOGICAL SIBLING of an adoptee through one or both parent(s), please provide the following information, if known.	
Full Name of Biological Mother/Parent 1 (First, Middle, Last):	Maiden Name of Biological Parent 1:
Full Name of Biological Father/Parent 2 (First, Middle, Last):	Date of Birth of Biological Parent 1:
Please specify how you are related to the adoptee: <input type="checkbox"/> Common biological mother/parent 1 <input type="checkbox"/> Common biological father/parent 2	

ADDITIONAL INFORMATION. If applicant is a BIRTH PARENT of an adoptee, please provide the following information, if known.	
Any other name you may have been using at the time of the child's birth (i.e. former married name, former maiden name, assumed name, alias, etc.):	
Name Given to Child at birth:	
Your Date of Birth:	Child's Date of birth:

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

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

- Non-identifying information
- Forward NYSAIR application* to the NYSAIR office on behalf of applicant
- Search and reunion referral information
- Other: _____

*You must submit a NYSAIR application along with your Louise Wise application; *adoptees* and *biological siblings* must submit a birth certificate copy with their NYSAIR application

Have you requested this information/service before?

- Yes
- No

If applying for non-identifying 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, 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 Spence-Chapin about upcoming community events and new services as they become available? (You can opt out of mailings at any time by contacting communications@spence-chapin.org)

- Yes
- No

For more information on the available services or related application procedures, please contact the Louise Wise inquiry line at **646-864-4194** or email 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 Public

Applicant's Name (Printed)

Applicant's Signature