

**Complete this application and mail to:**

Spence-Chapin Services to Families and Children  
 120 East 16<sup>th</sup> Street, 11<sup>th</sup> Floor, NY, NY 10003  
 Attention: Post-Adoption Records & Resources

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| <p><b>Internal use only</b></p> <hr style="width: 80%; margin: 5px auto;"/> <hr style="width: 80%; margin: 5px auto;"/> |
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**Applications must include the following:**

- \* Printed, signed, and notarized Louise Wise Post-Adoption application.
- \* Copy of acceptable form of ID such as a driver’s license; additional ID documentation will be requested if necessary; *biological siblings of adoptees* and *descendants of adoptees* must submit a birth certificate that verifies parents’ names.
- \* Government issued marriage certificate or other proof of legal name change, if applicable.
- \* Death certificate of adoptee, if applicable. Please note under most circumstances, descendants of adoptees are ineligible for record information; please contact us for more information on eligibility.
- \* NYSAIR application (optional); *adoptees* and *biological siblings of adoptees* must submit a current birth certificate copy for the NYSAIR process.

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

| <b>ADDITIONAL INFORMATION. If applicant is an ADOPTEE (or the DESCENDANT of an adoptee) please provide the following, if known.</b> |   |
|---|---|
| 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:<br>Date of Birth:                      State of Birth: |

|   |                                       |
|---|---------------------------------------|
| <b>ADDITIONAL INFORMATION. If applicant is a BIOLOGICAL SIBLING of an adoptee through one or both parent(s), please provide the following information, if known.</b>            |                                       |
| 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:<br><br><input type="checkbox"/> Common biological mother/parent 1 <input type="checkbox"/> Common biological father/parent 2 |                                       |

|  |                        |
|--|------------------------|
| <b>ADDITIONAL INFORMATION. If applicant is a BIRTH PARENT of an adoptee, please provide the following information, if known.</b>                   |                        |
| 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:

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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](mailto: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](mailto: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