

**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

Internal use only  _____  _____
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**Applications must include the following:**

- Printed, signed, and notarized Louise Wise Post-Adoption application.
- Copy of valid government-issued ID such as a driver’s license; additional ID documentation may be requested; *biological siblings* of adopted persons and *descendants* of adopted persons must submit a birth certificate copy that verifies parents’ names.
- Government-issued marriage certificate or other proof of legal name change, if applicable.
- Death certificate of adopted person, if applicable. Please note: Under most circumstances, descendants of adopted persons are ineligible for record information; please contact us to learn more.
- NYSAIR application (optional); *adopted persons* and *biological siblings of adopted persons* 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 Adopted Person  <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:              Email:                      Preferred Pronouns (Optional):	

<b>ADDITIONAL INFORMATION. If applicant is an ADOPTED PERSON (or the DESCENDANT of an adopted person) please provide the following, if known.</b>	
Full Legal (Current) Name of Adopted Person (First, Middle, Last):	Adopted Persons’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):	Adopted Person’s Birth Information: <i>Date of Birth:</i> <i>State of Birth:</i>

<b>ADDITIONAL INFORMATION. If applicant is a BIOLOGICAL SIBLING of an adopted person through one or both (biological) parent(s).</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 adopted person:  <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 adopted person, please provide the following information, if known.</b>	
Other Names Used by Birth Parent(s) at Birth of Adopted Person/Foster Client: <i>(former, maiden, married, and/or assumed names/aliases)</i>	
Name Given at Birth to Adopted Person:	
Birthdate of Birth Parent(s)	Birthdate of Adopted Person:

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; *adopted persons* and *biological siblings* of adopted persons 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