

POST-ADOPTION RECORDS & RESOURCES (PARR) APPLICATION

Complete this application and mail to:

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

Internal use only

Applications must include the following:

- * Printed, signed, and notarized PARR application.
- * \$50 administration fee payable by check to Spence-Chapin Services to Families and Children, or by credit card (see page 4).
- * 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.
- * KWS documentation, 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.

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: _____ _____ <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, an ADOPTIVE PARENT, a FOSTER CLIENT (not adopted), or if the applicant is a DESCENDANT of an adoptee or foster client, 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
- South Korea birth parent search*** (For those adopted through Spence-Chapin's South Korea program)
- Contact assistance with regard to open adoptions
- Other: _____

*Spence-Chapin is authorized by law to release *non-identifying* information from adoption records.

**You must submit a NYSAIR application to Spence-Chapin along with your PARR application; adoptees and biological siblings of adoptees must submit a current 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 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 PARR team at **212-369-0300 ext. 121** 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

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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 _____