

POST-ADOPTION RECORDS & RESOURCES (PARR) APPLICATION

ADDITIONAL INFORMATION. If applicant is a BIOLOGICAL SIBLING of an adopted person/former foster client through one or both (biological) parents, 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):	Birthdate of Biological Parent 1:
Please Specify How You Are Related to the Adopted Person/Foster Client: <input type="checkbox"/> Common biological mother/parent 1 <input type="checkbox"/> Common biological father/parent2	

ADDITIONAL INFORMATION. If applicant is a BIRTH PARENT of an adopted person/former foster client, please provide the following information, if known.

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/Foster Client:	
Birthdate of Birth Parent(s):	Birthdate of Adopted/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; adopted persons and biological siblings of adopted persons 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 _____