SERVICES TO FAMILIES & CHILDREN

POST-ADOPTION RECORDS & RESOURCES (PARR) APPLICATION

### 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

### 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 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 to verify parents' names.
- Government-issued marriage certificate or other proof of legal name change, if applicable.
- KWS documentation, as may be applicable for adopted persons from South Korea. Please contact us to learn more.
- 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.

### INCOMPLETE APPLICATIONS MAY DELAY PROCESSING

| INFORMATION OF APPLICANT  |        |                                |   | Please check one:   |
|---|--------|--------------------------------|---|---|
| Current Full Legal Name of Applicant (First, Middle, Last):<br>Current Mailing Address (Street/P.O. Box/Apt.#): |        |                                | <ul> <li>Adult Adopted Person</li> <li>Former Foster Client<br/>(Not Adopted)</li> <li>Adoptive Parent</li> <li>Birth Parent</li> </ul> |   |
| City:   | State: | Zip Code:                      |   | <ul> <li>Biological Sibling of</li> <li>Adopted Person</li> <li>Other:</li> </ul> |
| Telephone Number:   | Email: | Preferred Pronouns (Optional): | Applice   | ants must be at least 18 years old  |

| ADDITIONAL INFORMATION. If applicant is an ADOPTED PERSON, an ADOPTIVE PARENT, a FORMER FOSTER CLIENT (not adopted), or a DESCENDANT of an adopted person or former foster client, please provide the following. |  |                                 |  |  |
|--|--|---------------------------------|--|--|
| Current Full Legal Name of Adopted Person/Foster Client (Fi  | Maiden Name of Adopted Person/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):   | Birth Details of Adopted Person/Foster Client:<br>Date of Birth: State of Birth: |                                 |  |  |
| Name of Adoption Agency:   | Domestic or Inter  | rnational Adoption:             |  |  |
| <ul> <li>Spence-Chapin</li> <li>Sophia Fund</li> <li>Talbot Perkins</li> <li>Unsure</li> </ul>   | <ul><li>Domestie</li><li>Internati</li></ul>                                     | ic<br>ional, Country of Origin: |  |  |

Internal use only

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| 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:  |                                     |  |

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: (former, maiden, married, and/or assumed names/aliases)

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 knowledge under penalty of perjury | application is true and accurate to the best of my |
|---|--|
| Sworn before me this day of,  | Applicant's Name (Printed)                         |
|   | Applicant's Signature                              |
| Notary Republic   |  |

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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 #<br>The card ID is the 4-digit number printed above  |
| □ Visa Card #                           | Expires | main number on either the left or right side  |
|   |         | 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 #<br>The card ID is the 3-digit number on the back of<br>the card at the top of the signature strip |
| Discover Card #                         | Expires | Card ID #<br>The card ID is the 3-digit number on the back of<br>the card at the top of the signature strip |
| Billing address                         |         | Zip Code  |
| Name as it appears on card              |         |   |
| Signature                               |         |   |