Spence Chapin

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 16th Street, 11th 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 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.
- 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):			☐ Adult Adopted Person ☐ Former Foster Client (Not Adopted) ☐ Adoptive Parent ☐ Birth Parent ☐ Biological Sibling of Adopted Person ☐ Other: _____ _____ *Applicants must be at least 18 years old*
Current Mailing Address (Street/P.O. Box/Apt.#):			
City:	State:	Zip Code:	
Telephone Number:	Email:	Preferred Pronouns (Optional):	

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 (First, Middle, Last):	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: *Date of Birth:* *State of Birth:*
Name of Adoption Agency: ☐ Spence-Chapin ☐ Sophia Fund ☐ Talbot Perkins ☐ *Unsure*	Domestic or International Adoption: ☐ Domestic ☐ International, Country of Origin: _____

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: ☐ Common biological mother/parent 1 ☐ 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: *(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:

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
- ☐ 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.

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 **212-400-8145** or **parr.info@spence-chapin.org***

_____
Applicant's Name (Printed)

Sworn before me this _____ day
of _____,_____.

_____
Applicant's Signature

_____
Notary Republic

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 _____