

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.
- \$70 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: _____ _____ <i>Applicants must be at least 18 years old</i>
Current Mailing Address (Street/P.O. Box/Apt.#):	
City: _____ State: _____ Zip Code: _____ County: _____	
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: _____

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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:

☐ 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:

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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
- ☐ 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***

Sworn before me this _____ day
of _____, _____.

Notary Republic

Applicant's Name (Printed)

Applicant's Signature

METHOD OF PAYMENT

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☐ 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 _____