

## Syracuse Jewish Family Service Request for Adoption Information



Party requesting adoption information:

Name (First, Last): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Full name of Adoptee at time of adoption: \_\_\_\_\_

Full name(s) of Adoptive Parents: \_\_\_\_\_

Party's relationship to adoption records:

- Adoptee (age 18+)
- Birth Parents
- Birth Sibling (age 18+)

In compliance with New York State Law 4138-c and 4138-d, Syracuse Jewish Family Service may provide nonidentifying information regarding adoptions. Nonidentifying information shall include only the following information, if known, about the adoptee, birth parents, and birth siblings. Please indicate which information is being requested:

- The age of the parents in years at the time of the child's birth
- The heritage of the parents, including nationality, ethnic background, race, and religion
- Education completed by the parents at the time of the child's birth
- General physical appearance of the parents at the time of the child's birth, including height, weight, color of hair, eyes, skin, and other information of similar nature
- The occupation of the parents
- The health history of the parents
- The talents, hobbies, and special interests of the parents
- The facts and circumstances relating to the adoption
- The existence of any known birth siblings
- The number, sex, and age, at the time of the adoptee's adoption, of any known birth siblings

Please submit this request, along with payment of \$50 processing fee, to Syracuse Jewish Family Service at the address below. We will respond to your request within ten business days of receipt.

Requesting Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_