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South Carolina Department of Social Services

APPLICATION FOR POST LEGAL SERVICES

INSTRUCTIONS: Please PRINT. Complete only ONE SECTION (A, B or C) of this application. Before services can be provided, your signature must be given below.

A. Adult Adoptee:

Name: _____
First Middle Maiden Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Date of Birth: _____ Adoption Agency: _____

Name of Adoptive Parents: _____

B. Birth Parent:

Current Name: _____
First Middle Maiden Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Child's Date of Birth: _____ Sex of Child: _____

Child's Name at Birth: _____

Adoption Agency: _____

Birth Mother's Name at Time of Service: _____
First Middle Maiden Last

C. Adoptive Parents:

Adoptive Father's Name: _____
First Middle Last: (Include Sr., Jr., III, etc.)

Adoptive Mother's Name: _____
First Middle Maiden Last

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Child's Date of Birth: _____ Sex of Child: _____

Child's Adoptive Name: _____

D. I understand that:

- This application is only to request information from the adoption record.
- No identifying information will be included.
- Current information and complete medical records are usually not available.
- Information provided for the record was accepted as accurate.
- Comments made by those recording information for the record reflect the opinions and attitudes of the individual and the social time period. While some of these comments may be hurtful or unkind, the agency will provide them to me in the spirit of openness, so that I will have all of the information available.
- As an adult adoptee (over 21 years old) or birth parent, I am eligible to have my name entered on the agency's Adoption Reunion Register. I must request this service and complete the required affidavit. (Not available to adoptive parents)

Signature: _____ Date: _____