## 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:	Z	<u>zip Code:</u>
Home Telephone:		Work Telephone:		
Date of Birth:	Adoption A	gency:		
Name of Adoptive Parents:				
Birth Parent:				
Current Name:				
First	Middle	Maiden		Last
Street Address:				
City:		State:	Z	Zip Code:
Home Telephone:		Work Telephone:		
Child's Date of Birth:		Sex of Cl	nild:	
Child's Name at Birth:				
Adoption Agency:				
Birth Mother's Name at Time of Serv				
Adoptive Parents:	First	Middle	Maiden	Last
Adoptive Father's Name:				
Fir	st	Middle	Last: (Includ	e Sr., Jr., III, etc.)
Adoptive Mother's Name:				
Fir	st	Middle	Maiden	Last
Street Address:				
City:		State:	Z	Zip Code:
Home Telephone:		Work Telephone:		
Child's Date of Birth:		Sex of Cl	nild:	
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: \_\_\_