

This cover sheet must be completed with each PAR report. Use one report and one cover sheet per child. For sibling groups, multiple reports/cover sheets are required. Refer to emails from Gladney for country-specific information.

REPORT DATE

_____ *day* _____ *month* _____ *year*

___ **30 days**

___ **06 months**

___ **12 months**

___ **18 months**

___ **24 months**

REPORT SEQUENCE

___ **30 months (if applicable)**

___ **36 months (if applicable)**

DATE OF VISIT

_____ *day* _____ *month* _____ *year*

LENGTH OF VISIT

AGENCY GENERATING REPORT

PAR WORKER NAME & CREDENTIALS

COUNTRY OF REPORT ORIGIN

ADOPTION APPLICATION NUMBER

DATE OF ADOPTION JUDGMENT

_____ *day* _____ *month* _____ *year*

DATE OF NATIONALIZATION

_____ *day* _____ *month* _____ *year*

FAMILY HISTORY NUMBER OF THE CHILD
(If child is adopted from ICBF)

REGION OF ADMINISTRATIVE PROCESS / RESTORATION OF CHILD'S RIGHTS

NAME OF CHILD *(prior to adoption)*

NAME OF CHILD *(current)*

ETHNICITY OF CHILD

CHILD'S CURRENT ADDRESS

_____ *street*

_____ *city*

_____ **USA**

_____ *state*

_____ *country*

FIRST & LAST NAME OF PARENT(S)

NAME	BIRTH DATE <i>day-month-year</i>	AGE	WEIGHT	HEIGHT