

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**

___ **30 months (if applicable)**

___ **12 months**

___ **36 months (if applicable)**

___ **18 months**

___ **24 months**

REPORT SEQUENCE
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