

Dear Former CHSofNJ Home Resident, CHSofNJ Foster Child or Ancestor:

We have received your request for background information. In order to proceed, please send us a copy of your identification, either a birth certificate or driver's license.

We are enclosing an explanation of the services available and the appropriate fees. Please read carefully to determine if you are eligible for this service. If you are requesting background information, please attach your payment to the application and a copy of your identification. Allow at least six weeks for background information to be received. Feel free to contact us if you have any questions. We look forward to hearing from you.

Sincerely,

Patricia Faiola
Social Worker

**GENEALOGY SERVICES FOR RESIDENTS OF CHSofNJ HOMES,
CHSofNJ FOSTER CHILDREN AND THEIR ANCESTORS**

1. Narrative – Fee \$100

We will provide a written narrative, depending on the information in our record, of the circumstances regarding the placement in the CHSofNJ Home, information regarding birth parents and any other relevant information regarding the child's stay in the Home. This service is for adult residents of a CHSofNJ Home or foster home and their descendants (with written permission or proof of death of the adult resident) whose adoption was not finalized or whose birth parent is known to be deceased.

2. Release of pictures, letters, report cards and other memorabilia – Fee \$50

Letters, pictures, report cards or other memorabilia that may be in the record could possibly be released.

Genealogy Report Application

Please return this form with **\$100 non-refundable** fee to: The Children's Home Society of New Jersey, 635 S. Clinton Ave., Trenton, NJ 08611. Check should be made to The Children's Home Society of New Jersey.

Name _____

Maiden Name, other name previously used _____

Address _____ Birth date _____

_____ Birthplace _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Name of Adoptive/Foster or Birth Parents: _____

Current Address of Your Ancestor: _____

Signed _____ Date _____

Fees may be paid by:

Check _____ Cash _____ Visa _____ Mastercard _____

Please print your Visa/Mastercard number below.

____ - ____ - ____ - ____

Expiration Date:

____/____/____

Month Year Signature

I understand that if I am dissatisfied with the services provided, I have the right of review with the Director of Child Welfare Services of the agency.

Signed: _____ Date: _____