

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Registration Only**

Date _____

I hereby request the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, register me for contact with my birth family. I understand that I must be twenty-one (21) years of age to make this request.

Date of Birth _____ Social Security Number _____

Current Name _____

Current Address _____

Current Telephone Number: Home _____ Work _____

Email: _____

I (*May*) (*May Not*) be contacted at work.

The best time(s) to reach me by phone is _____

My adoptive family (*Is*) (*Is Not*) aware of this request.

I was placed for adoption through:

_____ County Department of Family and Children Services

_____ Private Agency

_____ Independent Source

Name Given By Adoptive Parents _____

Adoptive Father's Full Name _____

Adoptive Mother's Full Name _____

County Where Adoption Finalized _____

(Residence of Adoptive Parents at time of adoption)

Date Adoption Finalized _____

Signature of Adoptee

Date