

**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