

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Adopted Person - Consent to Contact**

INSTRUCTIONS: For your convenience, you may fill in the top section of this form using your computer. Click Highlight Fields above to view the editable form fields. When completed, print the form and take it to a notary public to have it sealed and signed. Mail the completed form to the address below.

I hereby consent to the release of the above identifying information for contact with my birth parent (s). I understand that I may revoke this consent at any time by filing a written Affidavit of Non-Disclosure with the Department.

Date _____ Date of Birth: _____

Social Security Number _____

Current Name _____

Current Address _____

Current Telephone Number: Home _____ Work: _____

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

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

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)

STOP. Before proceeding please Save and Print all pages of the form

Signature of Adoptee _____ Date _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20_____

Notary Public (Seal)