

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Adopted Person Consent to Intermediary 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.

Date: _____ SSN: _____ Your Date of Birth: _____

Current Name: _____

Current Address: _____

Current Telephone Number: Home: _____ Work: _____

My adoption took place through:
County Department of Family and Children Services
Private Agency
Independent Source

Name given by Adoptive parents: _____

Adoptive Parents
Names _____

County Where Adoption Finalized

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

I hereby consent to intermediary services allowing for the exchange of letters and the release of non-identifying information to my birth parent through the staff at the Georgia Adoption Reunion Registry. I understand that I may revoke this consent at any time by filing a written Affidavit of Non-Disclosure or a Consent to Contact form with the Department.

Signature of Adopted Person and Date

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

Notary Public

**Georgia Adoption Reunion Registry
2 Peachtree Street NW Suite 8-407
Atlanta, GA 30303-3142**