

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Adopted Person - 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.

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 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 _____

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

(continued next page)

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Signature of Adoptee

Date

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

Notary Signature

Notary Public Seal

Form 555 (4-90)

Mail all pages to:

Georgia Adoption Reunion Registry, 2 Peachtree Street NW, Suite 8-407, Atlanta, Georgia 30303-4192