

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Adoptee
Registration and Consent to Contact**

Date _____

Date of Birth: _____ Social Security Number _____

Current Name _____

Current Address _____

Current Telephone Number _____ Work: _____

I **(May) (May Not)** be contacted at work. The best time(s) to reach me by phone is _____

Email Address: _____

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)

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.

Signature of Adoptee

Date

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

Notary Public

(Seal)