

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Adopted Person Registration and  
Request for Non-Identifying Information**

I hereby request the Georgia Adoption Reunion Registry, Families First/Office of Adoptions make arrangements to share with me a summary of all non-identifying information contained in my sealed adoption record. I understand that no identifying information can be released to me without the written consent of my biological parent(s). I understand that I must be eighteen (18) 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 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Name \_\_\_\_\_

Current Address \_\_\_\_\_

Current City, State, Zip \_\_\_\_\_

Current Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Email address \_\_\_\_\_

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)*

**STOP.** *Before proceeding please Save and Print the form.*

\_\_\_\_\_  
Signature of Adoptee Date \_\_\_\_\_

**SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_**

Notary Public Seal

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