

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

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 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.

Date _____ Date of Birth _____ Social Security Number _____

Current Name _____

Current Address _____

Current Telephone Number: Home _____ Work _____

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

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 _____

Signature of Adoptee

Date

STOP. Before proceeding please Save and Print the form.

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

Notary Public (Seal)