

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Adopted Person
Affidavit of Non-Disclosure**

An adopted person has the right to file with the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, an Affidavit of Non-disclosure regarding the release of identifying information from the sealed adoption record. If such an affidavit is on file no identifying information may be released without an order of the Superior Court of Fulton County. A revocation of the affidavit of non-disclosure may be filed at any time by submitting a written consent to contact the Department.

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 _____

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.

I understand that I may revoke this Affidavit of Non-Disclosure at any time by filing a written consent to contact with the Department.

I hereby state that I **DO NOT** wish any identifying information regarding me to be released to my biological parent who placed me for adoption.

Signature

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
Form 554b(5/00)