

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Adopted Person
Consent to Contact**

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 _____

I **May** **May Not** be contacted at work.

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

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 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

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