

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Adoptive Parent
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 My Adopted Child's sealed adoption record. I make this request on My My adopted child's behalf.

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 _____ Adoptee's D.O.B. _____ Adoptee's SSN _____

Adoptee's Name upon Adoption _____

Adoptee's Current Name (if different) _____

Adoptive Father's Full Name _____

Adoptive Mother's Full Name _____

County Where Adoption Finalized _____ Date Adoption Finalized _____

(Residence of Adoptive Parents at time of adoption)

My child was placed for adoption through:

County Department of Family and Children Services

Private Agency

Independent Source

Name of Requester _____

Requesters DOB _____ Requesters SS# _____

Address of Requester _____

Current Telephone: Home _____ Work _____

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

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

STOP. Before proceeding please Save and Print the form.

Signature of Adoptive Parent(s) _____ Date _____

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

Notary Public Seal