

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Adoptive Parent Request for Non-Identifying Information**

***NSTRUCTIONS:** 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) \_\_\_\_\_ (my adopted child's) sealed adoption record. I make this request on \_\_\_\_\_ (my) \_\_\_\_\_ (my adopted child's) behalf.

Date \_\_\_\_\_ Adoptee's Date of Birth \_\_\_\_\_ Adoptee's Social Security Number \_\_\_\_\_

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 \_\_\_\_\_  
*(Residence of Adoptive Parents at time of adoption)*

Date Adoption Finalized \_\_\_\_\_

My child was placed for adoption through:

County Department of Family and Children Services

Private Agency

Independent Source

Name of Requester \_\_\_\_\_

Requesters DOB \_\_\_\_\_ Requesters Social Security Number \_\_\_\_\_

Address of Requester \_\_\_\_\_

Current Telephone Number: 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** all pages of the form*

\_\_\_\_\_  
**Signature of Adoptive Parent(s)** **Date**

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

\_\_\_\_\_  
Notary Public (Seal)