

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Adoptive Sibling Consent to Contact**

I hereby consent to contact with my adoptive sibling(s) biological sibling(s), who **Was** or **Was Not** placed for adoption. I understand that no identifying information can be released without my written consent.

*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 \_\_\_\_\_

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 \_\_\_\_\_

Email \_\_\_\_\_

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 upon Adoption \_\_\_\_\_

Adoptive Father's Full Name \_\_\_\_\_

Adoptive Mother's Full Name \_\_\_\_\_

County Where Adoption Finalized \_\_\_\_\_  
*(Residence of Adoptive parents at time)*

**STOP.** Before proceeding please **Save and Print** the form.

\_\_\_\_\_  
Signature of Adoptee Date

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

Notary Public Seal