

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
ADOPTIVE SIBLING 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

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.

Date _____ Date of Birth _____

Current Name _____

Current Address: _____

Current Telephone Number: Home _____ Work _____

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

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

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 all pages of the form.

Signature of Adoptee

Date

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

Notary Public Seal