

Families First/Office of Adoptions
Biological parent Affidavit of Non-Disclosure

A biological parent of a child placed for adoption has the right to file with the Georgia Adoption Reunion Registry, Families First/Office of Adoptions an affidavit of non-disclosure regarding the release of identifying information from the sealed adoption record. If such an affidavit is on file, no identifying information may be released without an order of the Superior Court of Fulton County. A revocation of the affidavit of non-disclosure may be filed at any time by submitting a written consent to contact the Department.

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 _____ Social Security Number _____

Current Name _____

Current Address _____

Name of Child's Mother When Child Placed _____

My child was placed for adoption through:

County Department of Family and Children Services

Private Agency

Independent Source

Child's Name _____

Child's Date of Birth _____ Child's Sex _____

Child's Place of Birth _____

I understand that upon reaching the age of twenty-one (21) my above named child may request the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, contact me to determine if I will agree to release of identifying information and contact with **(Him)** **(Her)**. I understand that if I placed more than one child for adoption, a separate affidavit of non-disclosure must be filed for each child.

I understand that I may revoke this affidavit of non-disclosure at any time by filing a written consent to contact with the Department.

I hereby state that I **Do Not** wish any identifying information regarding me to be released to the above named child who was placed for adoption.

STOP. Before proceeding please Save and Print all pages of the form.

Signature of Biological Parent

Date

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

Notary Public (Seal)