

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Biological Parent Consent to Intermediary 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.*

Date: \_\_\_\_\_ SSN: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

Current Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Current Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

My child was placed for adoption through:  
County Department of Family and Children Services  
Private Agency  
Independent Source

Name of Child's Mother When Child Placed  
\_\_\_\_\_

Child's name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Sex \_\_\_\_\_ Place of Birth \_\_\_\_\_

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

I hereby consent to intermediary services allowing for the exchange of letters and the release of non-identifying information to my child through the staff at the Georgia Adoption Reunion Registry. I understand that I may revoke this consent at any time by filing a written Affidavit of Non-Disclosure or a Consent to Contact form with the Department.

\_\_\_\_\_  
**Signature of Biological Parent and Date**

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

\_\_\_\_\_  
Notary Public

**Georgia Adoption Reunion Registry  
2 Peachtree Street NW Suite 8-407  
Atlanta, GA 30303-3142**