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

# Biological Parent Registration and 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.*

Date _____ Date of Birth _____ Social Security Number _____

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: _____
My current family ○ ***Is*** ○ ***Is not*** aware of this child.
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 _____
Child's Place of Birth _____
Date Child Placed _____

I placed more than ***(1)*** child for adoption ○ Yes ○ No
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

**(A COMPLETE SEPARATE FORM MUST BE FILED FOR EACH CHILD)**

I hereby consent to release of identifying information and contact with the above named child upon ○ **His** ○ **Her** request once ○ **He** ○ **She** has reached the age of twenty-one. I understand that I may revoke this consent at any time by filing a written affidavit of non-disclosure with the Department.

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

_____ _____
Signature of Biological Parent Date

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

Notary Public Seal