

**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: _____ SSN: _____ Your 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 _____

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 _____

(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 AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 _____

Notary Public

Georgia Adoption Reunion Registry, 2 Peachtree St., Ste 8-407, Atlanta, GA 30303
Form 561 (Rev 7-98)