

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Biological Sibling Affidavit of Non-Disclosure**

A sibling 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 concerning said sibling 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 _____ Current Name _____

Current Address _____

Current City, State, Zip _____

IF NOT ADOPTED PLEASE ANSWER THE FOLLOWING:

My name at time sibling was placed _____

My sibling was placed for adoption through:

County Department of Family and Children Services

Private Agency

Independent Source

Sibling's name before adoption _____

Sibling's Date of Birth _____ Sex _____

Biological Father's Full Name _____

Biological Mother's Full Name _____

Date sibling left biological family _____

County of residence of biological family on above date _____

I understand that upon reaching twenty-one (21) my above named sibling 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 have more than one sibling (**Placed**) (**Not Placed**) for adoption a separate affidavit of non-disclosure must be filed for each sibling. 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 sibling who (**Was**) (**Was Not**) placed for adoption.

STOP. Before proceeding please Save and Print the form.

Signature

Date

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