

**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 of Adoptee

\_\_\_\_\_  
Date

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

**Notary Public Seal**

**Georgia Adoption Reunion Registry 2 Peachtree Street NW, (Suite 8-407) Atlanta, Georgia 30303-3142 Form 554a(5/00)**