

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Biological Sibling Consent to Contact**

I hereby consent to contact with my biological sibling(s), who was placed for adoption. I understand that no identifying information can be released without my written consent.

*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 Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

I  *May*  *May Not* be contacted at work. The best time(s) to reach me by phone is \_\_\_\_\_

Email Address: \_\_\_\_\_

My Biological Family  **(Is)**  **(Is Not)** aware of this request.

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

Name of sibling before adoption \_\_\_\_\_ Sibling's date of birth \_\_\_\_\_ Sex \_\_\_\_\_

Biological Father's Full Name \_\_\_\_\_

Biological Mother's Full Name \_\_\_\_\_

Sibling was voluntarily released for adoption  Yes  No

Sibling was removed by court action  Yes  No

Date sibling left biological family \_\_\_\_\_

County of residence of biological family on above date \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Notary Public Seal