

**Georgia Adoption Reunion Registry**  
**Families First/Office of Adoptions**  
**Biological Sibling 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.*

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.

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Name \_\_\_\_\_

Current Address \_\_\_\_\_

Current City, State, Zip \_\_\_\_\_

Current Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

The best time(s) to reach me by phone is \_\_\_\_\_

Email address \_\_\_\_\_

I **May** **May Not** be contacted at work.

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

**Form 552a (5-00)** Georgia Adoption Reunion Registry, 2 Peachtree Street NW, Ste 8-407, Atlanta, Georgia 30303-3142