

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

Please retain this form to update any information that changes on the form previously submitted. It is important that you update the registry information at any time your name, address or phone number(s) change..

Date _____ Date of Birth _____ Social Security Number _____

Your Name When Sibling Placed _____

Siblings Name _____

Name at Time of Original Registration _____

Name Change _____

Address Change _____

City, State, Zip _____

Telephone Change: Home _____ Work _____

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

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

Signature of Sibling

Date

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

Notary Public Seal