

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Children of deceased Adopted Person Affidavit of Non-Disclosure**

*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.*

Children of deceased adopted person 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 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.

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

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

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

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

Name Given By Adoptive Parents: \_\_\_\_\_

Adoptive Father's Full Name: \_\_\_\_\_

Adoptive Mother's Full Name: \_\_\_\_\_

County Where Adoption Finalized \_\_\_\_\_

**(Residence of Adoptive Parents at time of adoption)**

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 my deceased parent to be released.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Notary Public Seal