

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Registration Only (Children of deceased Adopted Person)**

Date _____

I hereby request the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, make arrangements to share with me a summary of all non-identifying information contained in my (deceased) parent's sealed adoption record. I understand that no identifying information can be released to me without the written consent of my (deceased) biological parent(s). I understand that I must be eighteen (18) years of age to make this request.

Your Date of Birth _____ Social Security Number _____

Your Current Name _____

Current Address _____

Current Telephone Number: Home _____ Work _____

Email address: _____

Adopted Person's Date of Birth: _____ Adopted Person's Date of Death _____
(please attach verification of death)

He/She was placed for adoption through:

_____ County Department of Family and Children Services

_____ Private Agency

_____ Independent Source

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)

Date Adoption Finalized _____

Signature

Date