

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Registration and Consent to Contact Biological Family
Member of deceased Adopted Person**

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: _____

Email Address: _____

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

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)

I hereby consent to the release of the above identifying information for contact. I understand that I may revoke this consent at any time by filing a written Affidavit of Non-Disclosure with the Department.

STOP. Before proceeding please Save and Print the form.

Signature

Date

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

Notary Public Seal