Georgia Adoption Reunion Registry
Families First/Office of Adoptions

Registration and Consent to Contact Adult Adopted Relative When birth parent is Deceased

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: _____Social Security Number: _____

Current Name: _____Relationship to deceased birth parent:_____

Current Address: _____

Current City, State, Zip _____

Current Telephone Number: Home: _____ Work: _____

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

Email Address: _____

My relative was placed for adoption through:

◯ County Department of Family and Children Services
◯ Private Agency
◯ Independent Source

Name of Child's Mother When Child Placed _____

Date of Death **(Please attach verification of death)** _____

Child's name _____

Child's Date of Birth _____ Child's Sex _____

Child's Place of Birth _____ Date Child Placed_____

More than **(1)** child for adoption Yes No

Name _____ Date of Birth _____

Name _____ Date of Birth _____

(A COMPLETE SEPARATE FORM MUST BE FILED FOR EACH CHILD)

I hereby consent to release of identifying information and contact with the above named child upon (his) (her) request once (he) (she) has reached the age of twenty-one. 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 AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 _____
Notary Public (Seal)

Georgia Adoption Reunion Registry, 2 Peachtree St., Ste 8-407, Atlanta, GA 30303
Form 561 (Rev 7-98)