

**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 \_\_\_\_\_

Your 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 \_\_\_\_\_

