

**Georgia Adoption Reunion Registry**  
**Families First/Office of Adoptions**  
**Registration and Consent to Contact**  
**(Children 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 City, State, Zip \_\_\_\_\_

Current Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

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

Email address \_\_\_\_\_

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