

**Georgia Adoption Reunion Registry, Families First/Office of Adoptions
Registration and Request to Contact Biological Sibling of Deceased Adopted Persons**

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 sign and date. Mail the completed form to the address below.

I hereby request that the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, contact the sibling (s) of my adoptive sibling, who Was Was Not adopted to ascertain if He She They wish to have contact with me. I understand that no identifying information can be released to me without the written consent of my biological sibling(s). I understand that I must be twenty-one (21) years of age to make this request.

Date _____ Date of Birth _____

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: _____

I **May** **May Not** be contacted at work..

IF REQUESTER IS ADOPTEE PLEASE ANSWER THE FOLLOWING:

He She was placed for adoption through:

County Department of Family and Children Services
Private Agency
Independent Source

Name upon Adoption _____

Adoptive Father's Full Name _____

Adoptive Mother's Full Name _____

County Where Adoption Finalized _____ Date Adoption Finalized _____
(Residence of Adoptive Parents at time of adoption)

Signature of Adoptee

Date

IF REQUESTER WAS NOT ADOPTED PLEASE ANSWER THE FOLLOWING:

(A separate form must be completed on each sibling with whom you are requesting contact.)

My Biological Family **Is** **Is Not** aware of this request.

My name at time sibling was placed. _____

My sibling was placed for adoption through:

County Department of Family and Children Services
Private Agency
Independent Source

Name of sibling before adoption _____

Sibling's date of birth _____ Sex _____

Biological Father's Full Name _____

Biological Mother's Full Name _____

Sibling was voluntarily released for adoption Yes No

Sibling was removed by court action Yes No

Date sibling left biological family _____

County of residence of biological family on above date _____

Signature of Requester

Date

ALL REQUESTERS PLEASE COMPLETE THE FOLLOWING:

The questions I am most interested in having answered about my biological sibling(s) are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Knowing some information about you may help your biological sibling(s) be more comfortable in their consideration of contact with you.

Brief information about me to share with my biological parent(s):

STOP. Before proceeding please Save and Print the form.