

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Request to Contact Biological Child**

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.

Date _____

I hereby request that the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, contact my biological child(ren) to ascertain if 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 child(ren). I understand that my child must be twenty-one (21) years of age to make this request.

The following information is requested to be used in the event your biological child(ren) choose not to have contact with you. This may be the only chance we have to secure answers to your most pressing questions. We will attempt to gather this information for you when our contact is made.

The questions I am most interested in having answered are: (please use back if necessary)

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

Knowing some information about you may help your biological child(ren) be more Comfortable in their consideration of contact with you.

Brief information about me to share with my biological relative: (please use back if necessary)

STOP. Before proceeding please Save and Print all pages of the form.

Signature of Birth Parent

Date

Georgia Adoption Reunion Registry, 2 Peachtree St., Ste 8-407, Atlanta, GA 30303