

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Request To Contact Biological Family**

Date _____

I hereby request that the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, contact my biological parent (s) 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 parent(s). 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 parent (s) 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 about my biological heritage are:

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

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

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

Signature of Adoptee

Date

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