

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Request for Contact with Sibling**

*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 my biological sibling(s), 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 Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

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

**IF REQUESTER IS ADOPTEE PLEASE ANSWER THE FOLLOWING:**

My adoptive family **(Is)** **(Is Not)** aware of this request.

I 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 **(Residence of Adoptive Parents at time)** \_\_\_\_\_

Date adoption finalized \_\_\_\_\_  
\_\_\_\_\_

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

Continued on Following Page

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      Removed by court action

Date sibling left biological family \_\_\_\_\_

County of residence of biological family on this date \_\_\_\_\_

**ALL REQUESTERS PLEASE COMPLETE THE FOLLOWING:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STOP.** Before proceeding please *Save and Print* the form.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**Georgia Adoption Reunion Registry, 2 Peachtree St., Ste 8-407, Atlanta, GA 30303  
Form 559 (4-90)**