

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Request for Identifying Information from an Adoption Record (Pre-1941)**

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 the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, make arrangements to share with me all identifying information contained in (my)(my relative's) adoption record. I understand that prior to 1941 in the State of Georgia , adoption records were not sealed and are available to me.

Date _____ Adoptee's Date of Birth: _____

Social Security Number _____

Adoptee's Name Upon Adoption _____

Adoptee's Current Name (if different) _____

Adoptee's Father's Full Name: _____

Adoptee's Mother's Full Name: _____

County Where Adoption Finalized _____

(Residence of Adoptive Parents at time of adoption)

Date Adoption Finalized _____

Adoptee was placed for adoption through:

County Department of Family and Children Services

Private Agency

Independent Source

Name of Requester _____

Address of Requester _____

Current Telephone Number: Home _____ Work: _____

I *May* *May Not* be contacted at work. The best time(s) to reach me by phone is _____

Email Address _____

Name Given By Adoptive Parents: _____

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

Signature of Requester

Date