

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

Date _____

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.

Adoptee's Date of Birth _____ Adoptee's Social Security Number _____

Adoptee's Name Upon
Adoption _____

Adoptee's Current Name (if different) _____

Adoptive Father's Full Name _____

Adoptive 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: _____

Signature of Requester

Date