

Georgia Adoption Reunion Registry
Families First/Office of Adoptions
**Request for Non-Identifying Information
(Children of Deceased Adopted Person)**

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 take it to a notary public to have it sealed and signed. 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 a summary of all non-identifying information contained in my (deceased) parent's sealed adoption record. I understand that no identifying information can be released to me without the written consent of their biological parent(s). I understand that I must be eighteen (18) years of age to make this request.

Date _____ Date of Birth _____ Social Security Number _____

Current Name _____

Current Address _____

Current City, State, Zip _____

Current Telephone Number: Home _____ Work _____

The best time(s) to reach me by phone is _____

Email address _____

Adopted Person's Date of Death _____
(please attach verification of death)

Adopted Person's Date of Birth _____

He/She was placed for adoption through:

County Department of Family and Children Services
Private Agency
Independent Source

Name Given By Adoptive Parents _____

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 _____

STOP. Before proceeding please Save and Print the form.

Signature

Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 _____

Notary Public Seal

**Georgia Adoption Reunion Registry
2 Peachtree Street NW, Suite 8-407
Atlanta, Georgia 30303-3142**