

**Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
Request To Contact Biological Relative (when adopted person is deceased)**

Date \_\_\_\_\_

I hereby request that the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, contact my biological relative 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 relative. I understand that my biological relative 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 relative chooses 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 are:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Knowing some information about you may help your biological relative 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)**

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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