

Georgia Adoption Reunion Registry  
Families First/Office of Adoptions  
**Consent To Contact for Biological  
Relative of Deceased Birth Parent**

Please retain this form to update any information that changes on the form previously submitted. It is important that you update the registry information at any time your name, address or phone number(s) change.

*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.*

Date \_\_\_\_\_

Name When Child Placed \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Name at Time of Original Registration \_\_\_\_\_

Name Change \_\_\_\_\_

Address Change \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Change: Home \_\_\_\_\_ Work \_\_\_\_\_

The best time to reach me by phone is \_\_\_\_\_

I **May** **May Not** be contacted at work.

My current family **Is** **Is Not** aware of this child.

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

\_\_\_\_\_  
Signature of Biological Relative

\_\_\_\_\_  
Date

**SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_**

Notary Public Seal