

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

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.

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.

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