

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions**

Adult Adopted Relative (when Birth Parent is deceased) Affidavit of Non-Disclosure

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.

A relative who was placed for adoption has the right to file with the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, an Affidavit of Non-disclosure regarding the release of identifying information from the sealed adoption record. If such an affidavit is on file no identifying information may be released concerning said relative without an order of the Superior Court of Fulton County. A revocation of the affidavit of non-disclosure may be filed at any time by submitting a written consent to contact the department.

Date _____ Date of Birth _____ Social Security Number _____

Current Name _____

Current Address _____

I 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 _____ Date adoption finalized _____

(Residence of Adoptive Parents at time of adoption)

STOP. Before proceeding please Save and Print all pages of the form.

Signature

Date

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

Notary Public Seal