

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Request for Financial Assistance**

Use this form if you cannot afford to pay the fees involved with obtaining a non-identifying summary and/or search for birth family member(s).

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 and sign the form. Mail the completed form to the address below or fax it to (404) 656-2463.*

Date: _____ SS# _____ Date of Birth: _____

Your Name: _____

Address: _____

Home phone: _____ Work: _____ Cell: _____

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

Email Address: _____

What service are you asking to have the fee waived for?

Non-identifying information Search for birth parent Search for sibling Search for child

Briefly explain your financial situation and attach any supporting documentation you may have:

By signing this form, you attest that all statements above are true.

Signature

Date

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