

Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Request to Contact Your Sibling – S3

Use this form if you are an adopted person and you want to search for your sibling who was separated from you through adoption or if your birth mother/father had a child for whom an adoption plan was made and you would like to have contact with him/her.

I hereby request that the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, contact my sibling to ascertain if he/she wishes to have contact with me. I understand that no identifying information can be released to me without the written consent of my sibling.

Your Name: _____ Date of birth: _____

My sibling was _____ raised by my birth family, _____ an adoption plan was made for my sibling,
OR _____ also adopted.

The following information is used in the event that your sibling 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 we make contact with your sibling.

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 sibling be more comfortable in his/her consideration of contact with you. *On a separate sheet of paper, please write a letter to your sibling.* In the letter, be sure to address your motivation for searching as well as to share some information about yourself: Include a physical description of yourself; what is your current family situation (married, single, children, etc); are you a student or do you have a job; and what is your relationship with your birth/adoptive family like (do they know you are searching? how long have you known you were adopted?).

Signature

Date

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

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Consent to Contact Sibling - S4**

Use this form if your birth mother/father had a child for whom an adoption plan was made and you want to have contact with your sibling.

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 or fax it to (404) 656-2463.

Date: _____ SS# _____ Date of Birth: _____

Your Name: _____

Current Address: _____

Home phone: _____ Work: _____ Cell: _____

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

My email address: _____

I **may** **may not** be contacted at work.
My current family **is** **is not** aware of this request.

My sibling was placed for adoption through:
_____ County Department of Family and Children Services
_____ Private Agency
_____ Independent Source

Name of Child's Mother When Child Placed: _____
Name of Child's Father when child placed: _____
Child's name before adoption: _____
Child's Date of Birth: _____ Date child placed for adoption: _____
Child's Place of Birth: _____ Child's Sex _____

My sibling was: voluntarily released for adoption OR removed from the home by court action.

I hereby consent to release of identifying information and contact with the above named child upon his/her request once he/she has reached the age of eighteen (18).
I understand that I may revoke this consent at any time by filing a written affidavit of non-disclosure with the Reunion Registry.

Signature _____
Date

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

Notary Public (Seal)