

**Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Consent to Contact – BP4**

Use this form if you are a birth parent and you want to have contact with your child for whom an adoption plan was made.

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 your signature notarized. 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: _____

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

My child was placed for adoption through:

_____ County Department of Family and Children Services
_____ Private Agency
_____ Independent Source

Name of child's mother when child was placed: _____

Child's name at birth: _____

Child's date of birth: _____ Date child placed for adoption: _____

Child's place of birth: _____ Child's Sex: _____

Was more than (1) child placed for adoption? _____ Yes _____ No

Name _____ Date of Birth _____

Name _____ Date of Birth _____

(A COMPLETE SEPARATE FORM MUST BE FILED FOR EACH CHILD)

I hereby consent to the release of the above identifying information for contact. I understand that my child must be at least eighteen (18) years of age before any information can be shared with him/her.

I understand that I may revoke this consent at any time by filing a written Affidavit of Non-Disclosure form with the Reunion Registry.

Signature

Date

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

Notary Public (Seal)

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