

**Georgia Adoption Reunion Registry**  
**Families First/Office of Adoptions**  
**Update to Consent to Contact – Bfam7**

Use this form if you have already registered for contact with your deceased child/sister/brother's child who was adopted and need to update your contact information.

**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 \_\_\_\_\_

Name at time of original registration: \_\_\_\_\_

Current Name: \_\_\_\_\_

New Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

The best time(s) to reach me by phone is \_\_\_\_\_

I **may** **may not** be contacted at work.

My relative was placed for adoption through:

\_\_\_\_\_ County Department of Family and Children Services

\_\_\_\_\_ Private Agency

\_\_\_\_\_ Independent Source

Name Given By Birth Parents: \_\_\_\_\_

Birth Father's Full Name: \_\_\_\_\_

Birth Mother's Full Name: \_\_\_\_\_

County Where Adoption Finalized \_\_\_\_\_

**(Residence of Adoptive Parents at time of adoption)**

Birth parent's date of death *(please attach verification of death)*: \_\_\_\_\_

I hereby consent to the release of the above identifying information for contact.

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**