

Georgia Adoption Reunion Registry
Families First/Office of Adoptions
Request to Contact a Biological Relative – CDA3

Use this form if you are the child of a deceased adopted person and you want to search for your parent's birth relative.

I hereby request that the Georgia Adoption Reunion Registry, Families First/Office of Adoptions, contact my biological relative 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 biological relative. I understand that my biological relative must be eighteen (18) years of age to make this request.

Your Name: _____ Date of birth: _____

Who are you attempting to contact? _____

The following information is used in the event that your biological relative 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 biological relative.

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 biological relative be more comfortable in their consideration of contact with you. *On a separate sheet of paper, please write a letter to your relative.* In the letter, be sure to address your motivation for searching as well as to share some information about yourself and your parent: a physical description of yourself and of your parent, your current family situation, your occupation, and your relationship with your parent who was adopted. You may also want to say if your parent has ever tried or wanted to search for his/her birth family. **Do not share any identifying information about yourself at this time. If you include identifying information, it will be redacted.**

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 – CDA4**

Use this form if you are the child of a deceased adopted person and you want to have contact with your parent's birth relatives.

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 _____

Address _____

Home phone: _____ Work: _____ I (May) (May Not) be contacted at work.

Email Address: _____

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

My mother/father 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 _____

(Residence of Adoptive Parents at time of adoption)

Adopted Person'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 with the Registry.

Signature

Date

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

Notary Public (Seal)